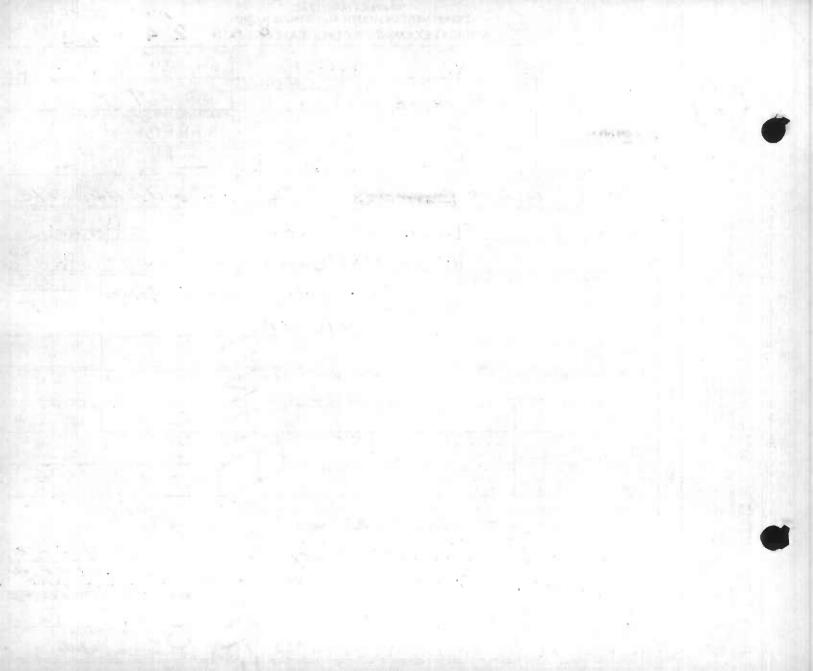
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m #				ohn		NIPAMI		Ams		DATE OF DE	ATH MONT			26 HOUR
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ie law re has beer permit ne prior	2	CERTIFICATION	1% DATE OF OPERATIO	Н	IN CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		TO AUTOPSY	7 20k	IF YES, WERI CERTIFYING (YES []	E FINDING CAUSES (G5 USED OF DEATH?
CIAN: 9 phys sentifical oil-trointal Hy	9		216 ACCERNT WAS LINEARD OR CONTRIBUTING C CAU OR ETHER, NOTEY MEDICAL	SE OF DEATH	21h TIME O HOUR A.	M. MONTH DA	Y YEAR	71r. HOW INJURY	OCCURRED	(ENTER NATURE	OF INJUST IN II	EM IR PART I OR	PART 25	- 6
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spital or CTOR: Af I for use of Health			22s.1 certify that (1) (the saw the deceased obove, (1) (we) (did)				27 1	d that in (my) (our) o	opinian deat	to	the days or	od hour and f	rom the co	nd Til Will Arst Duses stated
by the hasp by the hasp IERAL DIRECT State Dept. of ANT: If them 2			Mean	u O	de	Olus	1		DING A	MEDICAL IRECTOR []	STAFF PHYSICIAN		9-/	189-84
TO HOSPITAL retained by the TO FUNERAL should be detained with the State IMPORTANT:			MARVI	NJ.	FR	LOPER			eus	ring 8	talin	· lut	Peru	elle inte
BP			URIAL, CREMATION, RES SPECIFY BUTTON	9,	B. DATE	FIBY BE	AT-	MEMOTING						
DHMH - 16 50M 4/82 (VRA 15, 4)		3	MERAL DIRECTOR - AT	n Foste	RE BE	Mir Morn			3EF 2	BY REGI	STRAR 256 R	EOSTRARS	SIGHTIH	Stall

STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE KNOWN 2b. HOU CTYPE CORPRISID ESTI-OF DEATH MATED SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY) PRONOUNCED DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED VIRGINIA WIDOWED [DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION 13a. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 10 NO-TO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE POPES MIDDLE OSEPH tom PSON MMA DEBACK 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 7. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0). 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 🗌 NO [21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) TO FUNERAL L SIGNATURE EXAMINER'S NAME TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY TITY OR TOWN 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 30M 7/73 MAIN ST.





STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

who Davidson Bords

HENRIETTA M.

BROCKMEYER

FOR

REGISTRAR

- STATE

DHMH-16 30M 2/80

(VRA 15, 4)

AND THE PARTY OF T -SERVANDED IN THE CONTRACT OF LONG BELLEVILLE TO THE WAR THE MENT OF THE MORE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 should be detached for use as the burial-transit permit. Then please remove carbowith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or MPORTANT; If them 21 is marked as them 18 shows any injury, or other traumates. TO FUNERAL DIRECTOR: After

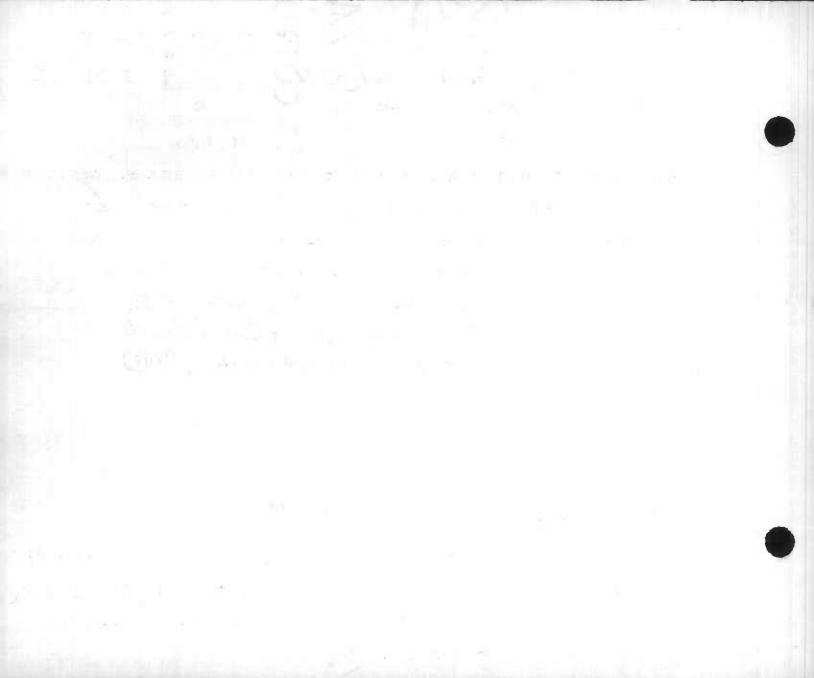
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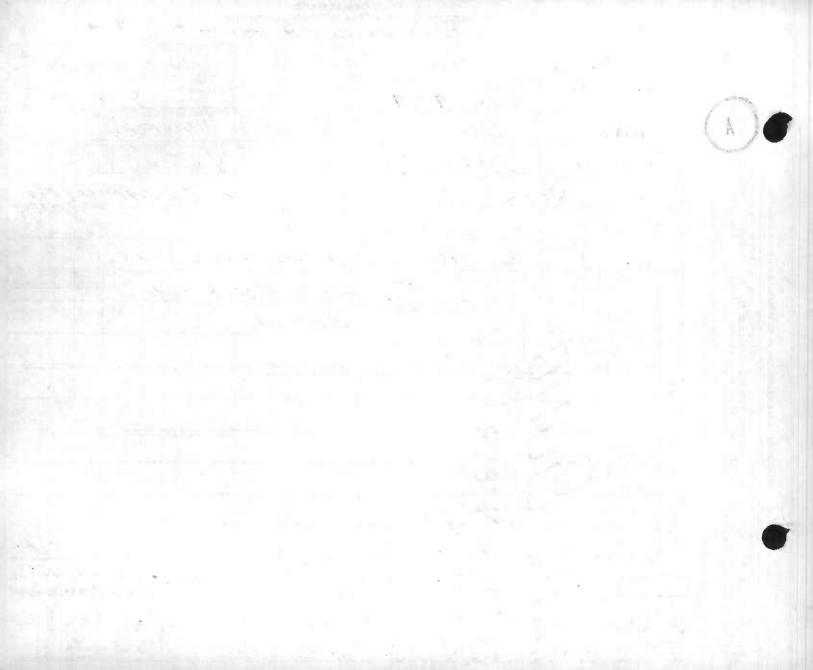
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	FOR STATE REGISTRAR			DEPARTA	MENT OF H	EALTH AND MENTALHYG	•	9 5. NO.	9 5	
	PE OR PRINT)	JOSE 1		MWN	Bu	ngon Sc.	20 DATE OF DEAT	H MONTH I	3 84	3-AM
3. S	MALE		RACE WHITE		5 DATE O		6. AGE (IN YEARS LA	^		F UNDER 24 HRS HOURS MIN,
7a.	BIRTHPLACE (STATE OF COUNTRY) MARYLAND		USA	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CIT	rd		MD.
Ho	Vre de Go	ace	Harfor	H FACILITY, GIVE STREET	ADDRESS)	Hospital	(RET) HEAV	OST OF WORKING LIF	E) INDUSTRY	BUSINESS OR TRUCTION
13a.	UAL RESIDENCE (IF NU STATE MD	136 COUN HARFOF	TY	134. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRE 215 EARLT		21078	
0	FATHER'S NAME FIRST ALEXANDER			UNGORI	INTO LICE	15. MOTHER'S MAIDEN NA	MIDD	DDRESS	FOOT	E
160	WAS DECEASED EVE (YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	218 18 286		MRS. NORA ELLE		SAME AS		ATE INTERVAL
	Conditions, if an gave rise to in cause (a), statunderlying cause	IMMEDIATE y, which nmediate	DUE TO, O (b) DUE TO, O (c) (c)	RAS A CONSEQUI	ENCE OF	whyter	Co P.	ulma COPI	4	
CERTIFICATION						NOT RELATED TO THE TERM	200 AUTOPSY?	206. IF YES	S, WERE FINDING SYING CAUSES (
MEDICAL CER	OR CONTRIBUTING	CAUSE OF DEAT DICAL EXAMINER)	P. 21e. PLACE	M. MONTH D. M.	19	211. HOW INJURY OCCUR 211 LOCATION STREET		FINJURY IN ITEM 18 P	PART) OR PART 2) COUNTY	STATE
	22a.1 certify that (saw the deceabave, (1) (we) 22b. SIGNATURE	I) (this hospit	ol) ottended the	19	, a	nd that in (my) (our) apinion DEGREE ATTENDING		he date and hau		
230	BURIAL, CREMATION	1/0	LON 236. DATE			EMETERY OR CREMATORY	23d LOCATION	me,	Have	OL GRA
	BURIAL FUNERAL DIRECTOR ITCHELL FUNER	RAL HOME	6SEPTEM PA, HAVE	ADDRESS		MEMORIAL GARDENS 250. DAI 21078 SEF	ABERDEE TE REC'D, BY REGIST 5 1984		RD CO., MA	



3] -	FOR STATE		STATE OF MARYLA IT OF HEALTH AND M AMINER'S CERTIF	MENTAL HYGIENE	.2 4 9 9	6
y	S. S. T.	I. DE	REGISTRAR CEASED NAME FIRST E OR PRINT! WILLIAM P	MIDDLE	Canra	2a.	REG. NO. DATE KNOWN MONTH OF ESTI- DEATH MATED 9	H DAY YEAR 25 HOUR
	PLEASE DECTOR FILES HOURS STREET	3. SE)	M RACE	5. DATE OF BIRTH MONTH DAY YEAR 3 / 2 / 7 6	GE (IN YEARS OF UNDER 1 YR. ST BIRTMOAY) MONTHS DAYS 7. YRS.	HOURS MIN PR	ONOUNCED 9	DAY YEAR 28. HOUR 14 1954 12 40
•	(*)2	FO	RTHPLACE (STATE OR REIGN NOTY)	76. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSING	WIDOWED	DIVORCED	HARFOR	MD.
	DELAY B	1	Fallston /	(IF NOT IN SUCH FACILITY, GIVE STREET A	jeneral		ST OF WORKING LIFE)	OR INDUSTRY
.21201	AND STAND	130. S	TATE Pa 136 COUNT		OWN 13d. INSIDE	(ITY LIMITS? 13e. STREET	ADDRESS E F191	4hly Al
ORE, MD.	FORM PM 2 I AND 2	16a. V	VAS DECEASED EVER IN U.S. ARA		3 2	FIRST	ADDRESS	Jones The
., BALTIMORE,	DURS AFTER 18. GIVE PA WITH FO TT. PAGES		Yes William CAUSE OF DEATH (Enter and	y ane cause per line far (a), (b), and	193-8134 /	Hospita	c Chart	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST.,	ITHIN 24 HC		PART I DEATH WAS CAUSED IMMEDIAT Conditions, if any, which	E CAUSE (a) DUE TO, OR AS A CONSEQ	0 0	c un	+ Diften	
301 W. PR	PENCEXAMIN		gave rise to immediate cause (a) stating the <u>under-lying cause last</u> .	(b)		CUIS		
CORDS, 3	"PENDING" IN "PENDING" IN EF MEDICAL SED AS A BUR HEALTH AND CREMATION, C	NOI	PART 2 DTHER SIGNIFICANT CONDITIONS O	DHTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITI	IDN GIVEN IN PART 1 (a).		
DIVISION OF VITAL RECORDS,	SEE DO A	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC				20. AUTOPSY? YES NO
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4	EXAMINER: CERTIFICATE ILD BE FOR DIRECTOR: WITH THE S ARYLAND, 21			al causes , Accident	, Suicide . Hom	nicide . Undetern	Inquiry , and in my anined monner ,	
	ICAL E SHOULERAL I	1)	ACTUAL SIGNATURE	C/Seuf	M.D. D		AL EXAMINER DATI	F 9-14-16
	TO MED EXECUTE PAGE 4 TO FUN AFTER DI BATTIMO	230.B	EXAMINER'S NAME (TYPE OR PRINT) URIAL, CREMATION, REMOVAL 2: SPECIFY	E KENJEL 3b. DATE 23c. NAME	ADDRESS OF CEMETERY OR CREMA		ATION CO	DUNTY STATE
999	DHMH - 17 (VR A15 ME (5))		BUT ALL DIRECTOR	9-17-84 SIG	ete Bidge	25a. DATE REC'D. BY RI	EGISTRAR 256. REGISTRAR'S	SIGNATURE
	30M 7/73	7	shn H. Harkin	5 400 Main 5	r. Delta PA	BEP201984	July Davidson	Mandale



-	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENE 2 4 REG. NO.	9 9	7	
noy be poge 3		CEASED NAME FIRST OR PRINT) ROSA	V.	DDLE	Ch	urch	Septembe	raa.	1984	7:10 AM
e 4 moy ctor. pog s ofter de	3 SE		4. RACE WHITE		S. DATE OF MONTH	BIRTH DAY YEAR 26, 1893	6 AGE (IN YEARS LAST BIRTHD	YRS.	HS DAYS	IF UNDER 24 HRS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN COUNTRY) DRTH CAROLINA	16 CITIZEN OF W	HAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED	HALFORE	OUNTY OF	DEATH	MD.
100	10.C	NO DE GLACE		OSPITAL, NURSIN FACILITY, GIVE STREET		Hospital	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W HOMEMAKER		26. KIND O NDUSTRY	F BUSINESS OR
24 hour filled in puld be must be	130. 3	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	NTY IN	IVE RESIDENCE BEFORE 30. CITY OR TOW BALTIMORE		34. INSIDE CITY LIMITS? YES NO 🛣	13e.STREET ADDRESS / Z 1018 CORO STRE		2	1220
completely 1 and 2 sh	14. FA	THER'S NAME FIRST JOROAN	MIDDLE	CHURCH		S. MOTHER'S MAIDEN NA FIRST MILLIE	WIDDLE		LAS	ı
rthicate be execut physician and co an papers. Pages I event, the medical		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES?	246 28 41		MR. ODELL WOOD	ADDRESS DIE SAME	AS #13e		MATÉ INTERVAL DNSET AND DEATH
equires that the death ce n signed by the attending Then please remove corb To burial, cremotion, or r injury, or other traumatic	NC	Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR	AS A CONSEQUE	ENCE OF	OT RELATED TO THE TER/	MINAL DISEASE OR CONDIT	ION GIVEN	IN PART 10	3 1
The low residen.	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATION	WAS PERFORMED		Ob. IF YES, W N CERTIFYIN YES	G CAUSES	
HYSICIAN Ideng physics certificate burrol-tro I Mentol H	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE 214 INJURY OCCURRED	R) HOUR A.M	I. MONTH DA	19	21c. HOW INJURY OCCUR 211 LOCATION STREET	CITY OR TOWN		ORPART 2)	STATE
OR ATTEND one hospital or DIRECTOR. A oched for use Dept of Heal		270 I certify that (I) (this has sow the deceased alive a above, (I) (we) raid) I did a TTE SIGNATURE	Lee	19	onc	PHYSICIAN	deoth occurred on the dote			-
O HOSPITAL TO FUNERAL should be det with the Stote		22d. PHYSICIAN SINAME (TYPE	LCC.			MW OU /	mad. Clin	Wc	U	107
BP		BURIAL, CREMĂTION, REMOVA ISPECIFY) BURIAL	236 DATE			METERY OR CREMATORY MEMORIAL GAROE	23d LOCATION CITY OR TOWN NS MARRIOTS		HOWAF	STATE RO CO., MD

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR
MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078

CRESTLAWN MEMORIAL GAROENS M
250 DATE REC'D.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME MIDDLE 2a DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) Clessuras James September 9 George 3. SEX 4 RACE 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAYL IF UNDER 24 HRS MONTH YEAR Male White April To BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED COUNTRY IISA Greece WIDOWED DIVORCED [7] Harford 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 04 Aberdeen Philadelphia Blvd Restraunteer USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA 13b COUNTY 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 28 No. Philadelphia Blvd. Maryland Harford Aberdeen YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE UNK Clessuras Zoe George ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT HE YES GIVE WAR OR DATEST 215-32-9485 Daphne Clessuras, 28No. Phila. Blvd, Aberdeen, MD 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) prostate a me tastory to Bone PART I DEATH WAS CAUSED BY avcinoma MAMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a DIVISION OF VITAL RECORDS. CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [716 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC) STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from, 25 saw the deceased alive an and that in (my) (aux) opinion death accurred on the date and hour and from the causes stated abave, (1) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MI ATTENDING A PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 276 PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS ld b 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION Sep. 11,1984 Harford Mem. Gdns. Aberdeen, Harford, Maryland Burial 250 DATE REC'D. BY REGISTRAN 24, REGISTRAN'S SICOLO 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 Farring Funeral Home, P.A., ABredeen, MD. 21001-339 SEP 13 (VRA 15, 4)

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(VRA 15, 4)

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FOR - STATE REGISTRAR

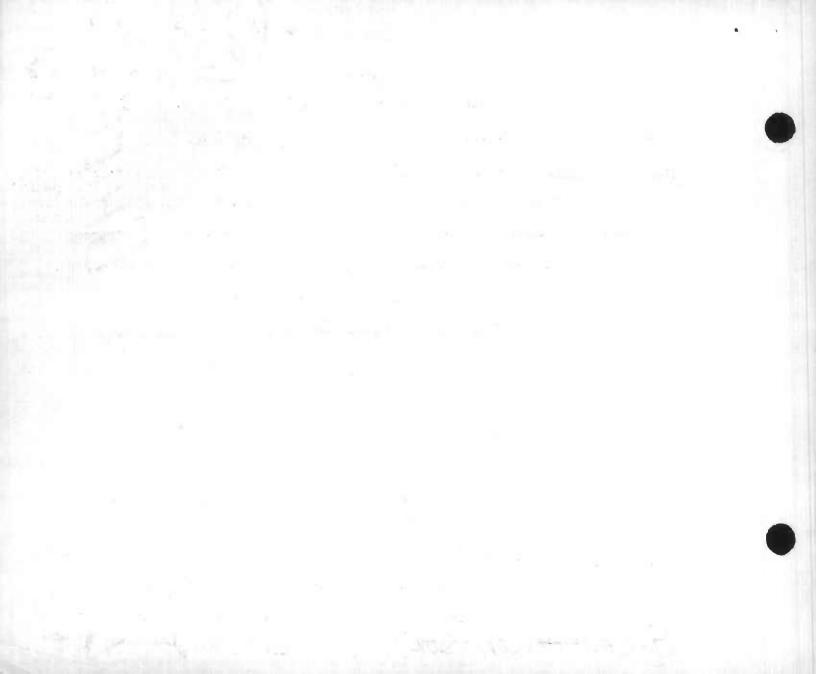
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE CERTIFICATE OF DEATH

REG. NO.

	CEASED NAME	FIRST	~	IDDLE		LAST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(14hF	OR PRINT)	Adriar)	F.	COD	eland	1		9	4 84	12-4
1. SEX			RACE		5 DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	
	Male		Whi	te	June	6 DAY	1934	50 yrs	• YRS		HOURS MIN
	RTHPLACE (STATE OR F	OREIGN 7b.	CITIZEN OF V	VHAT COUNT	RY? 8	DXX NEVER /	AADDIED 🗆	9. BALTIMORE CITY O	R COUN	TY OF DEATH	
	Ohio		U.S.	Α.	WIDOW	-	VORCED	Harford			M
10. CI	ITY OR TOWN OF DEA	TH 11.			RSING HOME	OR OTHER INS	ITUTION	12a. USUAL OCCUPATI			OF BUSINESS O
Hn	VIL de GR	aca. K	ar ford	FACILITY, GIVE S	- 1			Welder		Q.S.F	R. Elkt
USU/	AL RESIDENCE (IF NURS	ING HOME OF OTH	R INSTITUTION.	GIVE RESIDENCE B	EFORE ADMISSION)						27.01
	ryland	Ceci	1	Conow:		13d. INSIDE C	NOXX	P.O. Box 3	/ ZIP CO nら N	Millers	Trailer
	ATHER'S NAME	Ceci		COHOW.	IIIBO		S MAIDEN NAM		JJ 9 1	1111013	Park
	FIRST	MIDI	DIE	Cana	land	Vot	FIRST	MIDDLE			AST
The Land	Frank was deceased ever	INCLUS A DAAS	D EODCECS	Cope:	ECURITY NO.	17. INFORMA	herine	ADDR	555	Birds	ong
	YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)							100	M
	Yes	Korean	War	269-31	0-0666	J. EI	ızabetn	Copeland	Cor	nowingo,	
-	18 CAUSE OF DEAT	H (Enter only o	ne couse per	line for 1971b	ond (c).)	01	1	0		BETWEEN	NATE INTERVAL ONSET AND DEATH
	PART I. DEATH W	IMMEDIATE (LXL	no	AT	0%. 1	ing			
CERTIFICATION	PART 2 OTHER SIGN				TO DEATH BUT			700 AUTOPSY?	20b. IF Y	YES, WERE FIND	INGS USED S OF DEATH?
E			- THE C	F IN LUIDY		Tax. Howeth	LILIAY OCCUPA	YES NO		YES	ио 🗌
0.00	OR CONTRIBUTING		HOUR A.	M. MONTH	DAY YEAR	ZIC HOW IN	IJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM I	8 PART I OR PART 2)	
Ğ	(IF EITHER, NOTIFY MEDI		P./		19	100 100 170	- N				
MEDICAL	21d. INJURY OCCUR		21e PLACE (DF INJURY EET, FACTORY, OF	FICE, FARM ETC)	211 LOCATION		CITY OF TO	WN	COUNTY	STATE
	WHILE NOT WHAT WORK AT WO	RK L			100						
	22a I certify that (I)		112	/	_		_ 19_84		4	19 34	, that (I) (we) lo
	sow the decease above, (/) (we) (d	ed olive on did) (did not) v	iew the body	ofter death.	19, o	nd that in (my)	(our) opinion d	eoth occurred on the d	ote and h	iour and from the	e couses stoted
	77h SKGN TURE		0	1/		DEGREE	1	1		Th. DAY	SIGNED
	10/10	un	0 6	In	201	10,	PHYSICIAN	MEDICAL STA	IAN [7/2	3/1-4
1	224 HYSICIAN'S NA	AME (TYPE OR PR	INT)	5 .	1)	22e. ADDRES	1	0			-
(VJ	oun	17	- V	un	1	rue	do 4	, re	o M	u of
	BURIAL, CREMATION,		23b. DATE		23c. NAME OF C			23d. LOCATI			
((SPECIFY) Buri	5	Sept.7	,1984	West N	ottingh	am Cem.	Collora	Ce	eciclumiy Ma	aryland
74 (4)	LIVERAL DIREGIOR	AHE	A MY	14050	ny)		250 DATE	REC'D. BY REGISTRAR	ASIL REG	ISTRAR'S SIGNA	BHHLEE
A	Mo A. Patt	erson	e Boff	Perry	Viile,	Md.	PEL	II poul			

DHMH - 16 50M 4/83 (VRA 15, 4)

thould be detached with the State Dept.

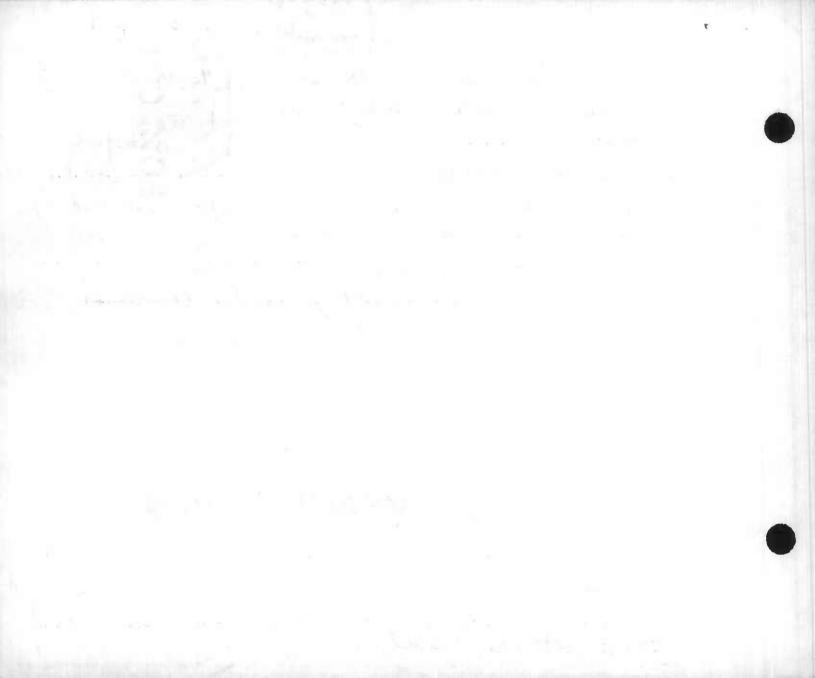


(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5

	1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND MENTACHYG	IENE 2		
		EASED NAME FIRST	N	AIDDLE	L	AST		MONTH DAY YEAR	26. HOUR
1	Link.	STE	idea.	LILISAN	0	lox.	9-	11 - 84	33
1	SEX		1. RAC	00113010	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	
) I		Male	14/6	t	Apri		72	YRS DAYS	HOURS
421		THPLACE IMATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8			R COUNTY OF DEATH	
3		irginia	U.S.A	1	WIDOWE	DINEVER MARRIED DIVORCED	1 1	Hanton	d
7		Y OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI		
.01	N	ure de Carad	(IF NOT IN SUC	H FACILITY, GIVE STREET		toso	Bldg. Svc.		M.C.,
200	SUA	L RESIDENCE (IF NURSING HOM	OR OTHER INSTITUTION.		E ADMISSION)	MAN TO THE PARTY OF THE PARTY O		Poin	t, Mo
55	38. 5	MA HISTORY	CIL	THE CHY OR TOW	11.	YES XX NO []	13e.STREET ADDRESS	5(320 Bra	ad ST
100	FA.	THER'S NAME		- Lucyvi	III.	IS MOTHER'S MAIDEN NAM	ME	(320)	911
1/1		Zack	"B".	Cox		Ennis	MODUL	Boye	r
10 10	fe. V	AS DECEASED EVER IN U.S.	ARMED FORCES?	16h. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE		
12	100	NO OF UHRNOWN (# 183	GIVE WAR DEDATED!	215-22	2607	Evelyn Cox	Perryville	. Maryland	2190
0	CERTIFICATION	PART 2 OTHER SIGNIFICAN				NOT RELATED TO THE TERM	20a AUTOPSY?	DITION GIVEN IN PART 206. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USE
1	ŧΙ						YES NO	YES 🗌	NO [
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF		FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	
1	CA	(IF EITHER, NOTIFY MEDICAL EXAM	NER) P./		19	201120112011			
0	MEDICAL	214 INJURY OCCURRED	21e. PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATION STREET	CITY OF TO	OUNTY COUNTY	
1	-	AT WORK			(10	7019-6-1	4 9/1	191	
£		220.1 certify that (I) (this he	141	deceosed from_	CX 7	10 19	, to	194.19	, that (I)
Š.		sow the deceased alive above, (I) (ye) (did) (did	not) view the body	alter death.	P	nd that in (my) (our) opinion (death occurred on the di		
2		22h SIGNATURE	011			DEGREE ATTENDING	MEDICAL STA		E SIGNED
		jour	XY	wy		PHYSICIAN [11-8
11	1	274 PHYSICIAN'S NAME (PE OR POMOT)			22e ADDRESS		11.	1 4
7	5	JOHN	1) yu	N		South	unin	tuc, Havre	WI
2		URIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	21
	+	Burian	Sept.	14,1984	Princ	ipio Cemetery	Perryvill	e Cecil M	aryla
13	1 3	HAPALDIRECTOR	LE KA NETY	24.00	X.	Manuland FD	ERIGID BY REGISTIAN	256 EGA BAR'S ARM	



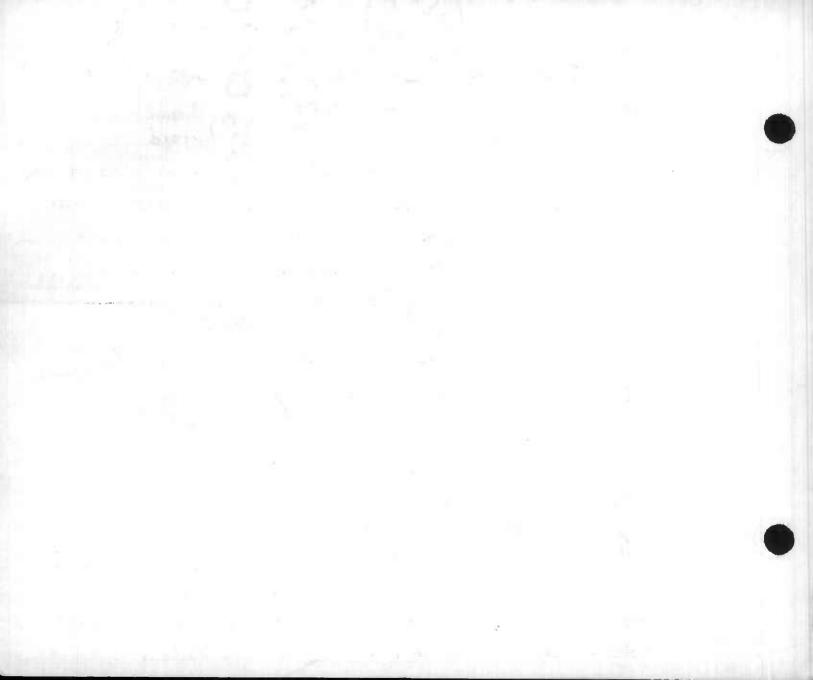
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTACHYGIENE

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Ι,	REGISTRAR				CERTI	FICATE OF DEATH	REG	NO.			
	ECEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOU	JR
	PE OK PRINT)	James	5 1	41	(rooks	Se	of. 2	5 1984	5:	35 M
3. S	EX		RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR		-
L	MALE		WHITE		NOVE	MBER 5, 1894	89	YRS.	MONTHS DAYS	HOURS	MIN.
70.	BIRTHPLACE (STATE OF	R FOREIGN 7b.	CITIZEN OF	WHAT COU	NTRY? 8		9. BALTIMORE CITY		Y OF DEATH		-
	PA		USA		WIDOW	ED [X] NEVER MARRIED L	Har	ford			MD.
10	CITY OR TOWN OF DE	ATH 11.	NAME OF		JURSING HOME	OR OTHER INSTITUTION	120. USUAL OCCUP.		12b. KIND C		
14	aver Sa C	race +	tar for	4 10.	norio	tospital	(RET) CARP		FED GO		APG)
	UAL RESIDENCE (IF NU	RSING HOME OF OTH	ER INSTITUTION	GIVE RESIDENCE	E BEFORE ADMISSION)					IVI	APG)
130	STATE	136 COUNTY		13c. CITY OF		13d. INSIDE CITY LIMITS?	13. STREET ADDRES			01070	
14	MD FATHER'S NAME	HARFOR	U	HAVRE	de GRACE	15. MOTHER'S MAIDEN N	512 FOUNTA	IN STREE		21078	
12	FIRST	MIDI		LA		FIRST	MIDDLE		LAS		
1/-	JAMES WAS DECEASED EVE	HEN APAGE		CRO	OKS L SECURITY NO.	LINDA 17. INFORMANT	ADI	ORESS	STARNE	:R	
100	(YES, NO OR UNKNOWN)	(IF YES, GIVE W.		TOB SOCIAL	L SECORIT NO.	II INTORMAN	7.0	, KESS			
	NO NO			184 0	5 5958	MRS. JEAN E. (CROOKS S/	ME AS #			
	18 CAUSE OF DEA	TH (Enter only o	one couse per	line for (o),	(b), and if .	0110	17-		BETWEEN	MATE INTER	RVAL DEATH
	TAKI I. DEATH	IMMEDIATE C		Ch	rea	e and					
			DUE TO. O	RAS ALON	SEQUENCE OF	0 10	11 +				
1	Conditions, if on	y, which	(b)	Ven	luce	la fiche	Males	~			
	gove rise to in couse (o), stat		DUE YO O	n. Deni	SEQUENCE OF	1//	/				
L	underlying cous		DUE TO, O	THE WAY	Lio	Mesatur	Conto	WESC	ul.	1	
	PART 2 MHER SIG	SNIEW ANT COM	ADITIONS CO	ONTRIBUTIN	G TO DEATH BUT	T NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION G	IVEN IN PART	Juc	T
Z		lev.	-	le_	4-100	Ste					
CERTIFICATION	190 DATE OF OPER	ATION	196. COND	ITION FOR V	VHICH OPERATION	W WAS PERFORMED	200 AUTOPSY?	20b. IF YI	ES, WERE FINDI	INGS USE	D
E						V.V.			IFYING CAUSES	S OF DEAT	
1 2	21a. ACCIDENT WAS U	NDERLYING	21b. TIME C	E IN IURY		21c. HOW INJURY OCCU				NO L	
	OR CONTRIBUTION				H DAY YEAR	11111011110000	THE TENTER NATURE OF T	DOK! IN IEM 10	1241104124127		
WEDICAL	(IF EITHER NOTIFY MEI			M.	19	111 10011001					
B	21d. INJURY OCCU		21e. PLACE (AT HOME STI		OFFICE, FARM ETC)	211. LOCATION STREET	CITY OF	TOWN	COUNTY	S	STATE
~	MAT WORL NOT W	WHILE									
1	220.1 certify that (attended th	e deceosed			, to			that (I) (v	
ı	saw the decep	ned alive an ii d) (did not) x	iew the body	ofter death.	_19 o	nd that in (my) (our) apinio	n death accurred on the	date and ha	ur and from the	couses sto	oted
	42h SIGNATURE	11	8			DEGREE	2111		22 OATS	SIGNED	,
	WILL	we /	Bung	7,	M.	O. ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN 🗌	1/23	12	
1	THE PHYSICIAN'S N	NAME (TYPE OR PR	RINT)			22e. ADDRESS	/		1	_	_
	A Jama	- know	n M	1.0	,719	5 CLACIA	Die Ald	e M	1. 210	28	
230	BURIAL, CREMATION		23b. DATE		1230 NAME OF	CEMETERY OR CREMATORY	23d. LOCATION				
230	(SPECIFY)						CITY OR TOWN		COUNTY		STATE
24	BURIAL FUNERAL DIRECTOR		29SEPTE	MBER84	THARFORD N	MEMORIAL GARDENS	ABERDEE! ATE REC'D. BY REGISTR			MARYLA	ND
1	NAME	IEDAL LIONE		VDE 4-ADI	DRESS CDACE NO		OT 4	S. O.	Davidson	30 c	
	MITCHELL FUN	ICRAL MUME	: MA, MA	WKF OG	GRACE, MU	. 210/0		Tuna	NUCLUH OLAONA-	-Manda	0.0

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DEPARTMENT OF HEALTH AND MENTAL HYGIENS

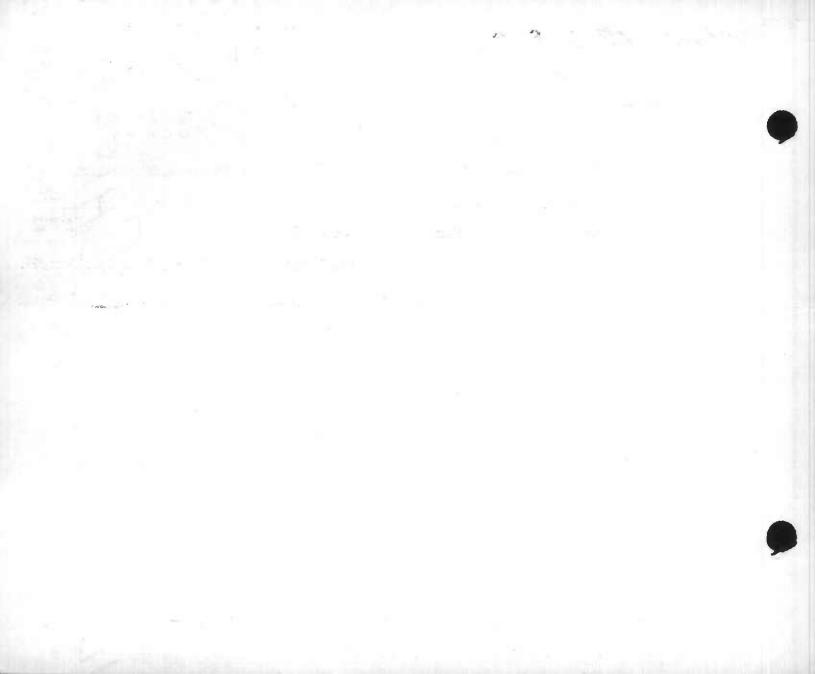
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14	1 -	FOR STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND EALTH AND MENTALHYO ICATE OF DEATH	REG. NO	0 0 4	
13		OR PRINT) OR PRINT) MICHA	AEL (nmn (ED	AST ER	20. DATE OF DEATH	9 0 4 84	26. HOUR
office a	3. SE	WALE	4. RACE	S. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
nerol de n 72 hay	70. BI	RTHPLACE (STATE OR POREIGN	76. CITIZEN OF WHAT COU USA	MARRIE WIDOWE		HARFORD	COUNTY OF DEATH	WE
the set	10. CI	LLSTON	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GD		PROTHER INSTITUTION - HOSPITAL	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Superintend	WORKING LIFE INDUSTRY	PF BUSINESS OR
outs be		AL RESIDENCE (IF NURSING HOME OF		CE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS /		21014
ond 2	14 FA	ATHER'S NAME FIRST Andrew	MIDDLE Eder	AST C	Josephine	MIDDLE	Mei.	er
Poges I and		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GT	RMED FORCES? 166. SOCIA	UB 9174	Mrs. Marie E	der, 8 Glen	21014	lAir,Md
on popers. emovol. event, the		IS CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE IMMEDIA	nly one couse per line for (o), D BY: TE CAUSE (o) Brown	, (b), and (c).) N 57 Em	Heromuse	, E.		MATE INTERVAL ONSET AND DEATH
nove corb notion, or r troumotic		Conditions, if ony, which gove rise to immediate)	persu	SIDN		7/0	Yesns
on please burial, cr ry, or oth	z	couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT		NG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	DITION GIVEN IN PART 11	0
on on o	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	,	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDING CAUSES YES	
Mentol Hygie	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM IB PART I OR PART 2)	
e os the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO		STATE
detoched for use ote Dept. of Heol VT: If Hem 21 is m		220.1 certify that (1) this hasp saw the deceased alive or above, (1) (we) (did) (did no 22b. SIGNATURE		19	DEGREE		ote and hour and from the	
FUNERAL old be det h the Stot		22d PHYSICIAN'S NAME TYPE MONLY & J. A		5	22e ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	HO3PIPA	~
4 50 4 483		Burial, cremation, removal (specify) Burial UNERAL DIRECTOR			remetery or crematory n Cemetery 250. DA	23d LOCATION CITY OR TOWN Baltimo	county re 25b. REGISTRAR'S SIGNAT	STATE Md.

who wandson-Randalls

Howard K. McComas III, Abingdon, Md. 21009

DHMH - 16 50M 4/83 (VRA 15, 4)



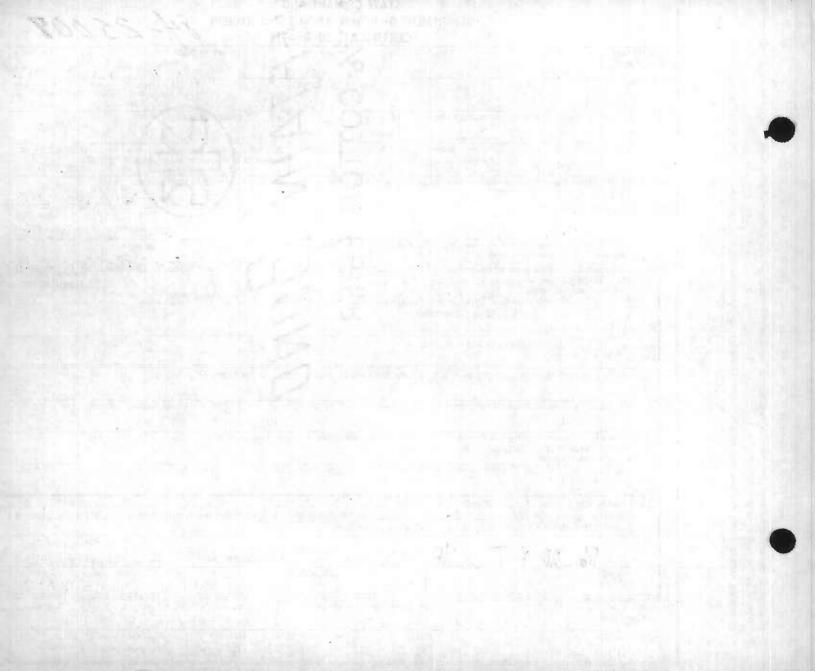
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STATE OF MARYLAND

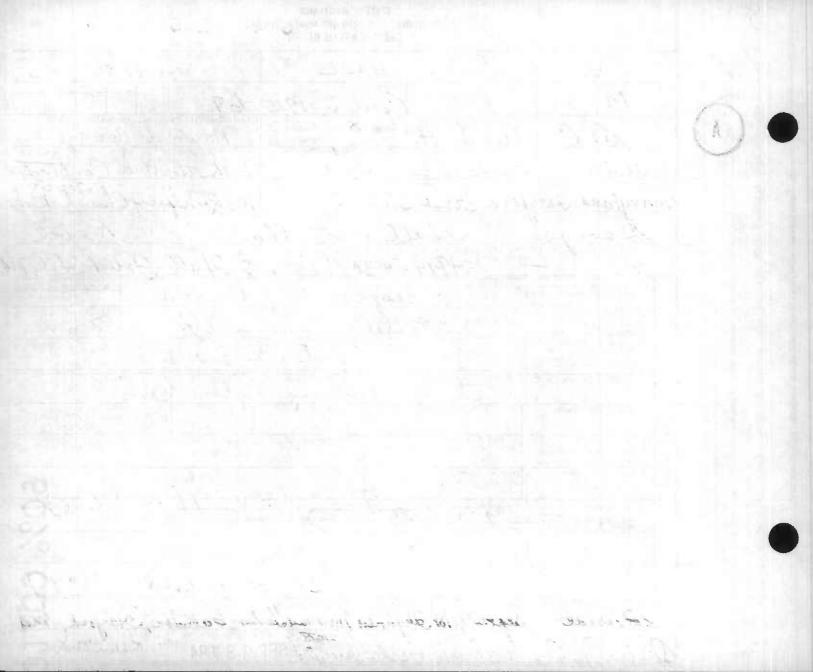
and the state of t

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH page DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Geist Megan Marlene September 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS. lost birthdoy) DAYS HOURS Female White February 10, 1980 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED X country) Texas U.S.A. WIDOWED | DIVORCED [Harford County 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 1D. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR in by Aberdeen Proving Ground 2913-D Garden Drive during most of working life, even if retired.) **INDUSTRY** none none 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. (OUNTY Harford MARYLAND odmission) Maryland YES NO APG 2913-D Garden Drive 21005 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Lost Middle Poges Timothy John Geist Kitty Wheeler Jean BALTIMORE, 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address withi (Yes, no, or unknown) (If yes give wor or dates of service) Timothy John Geist 2913-D Garden Dr, APG, Md. none APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: STREET, IMMEDIATE (AUSE (6) Muscular Dystrophy complicated by Pneumonia DUE TO, OR AS A CONSEQUENCE OF PRESTON Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) DIVISION OF VITAL RECORDS, permit 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES* NO [21o. ACCIDENT WAS 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) UNDERLYING OR CONTRIBUTING [CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notity medical examiner) PM 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from N/A saw the deceased alive an N/A 19, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above, (1) (we) (did) (did nat) view the body after death. DIRECTOR: 22b. SIGNATURE 22c. DATE SIGNED / reissued detached ATTENDING DEGREE June 11, 1985 **GIRECTOR** PHYS. 22d. PHYSICIAN'S 22e ADDRESS WASH. D.C NAME (Type) should be of Heolth Ronald P. Turnicky D.O. Armed Forces Institute of 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) CREMA TON 10/2/84 Cratin & Ferris West Chester 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 21078 DHMH-16 1/71 30M Julia Daydson-Handell Mitchell Funeral Home (VR A15 (4)) Havre de Grace, Md.

STATE OF MARYLAND



	1	FOR - STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GLENE 2 5 0	0 8
Seath 3	1. DE	REGISTRAR CEASED NAME FIRST FOR PRINT)	ROW	HALL	REG. NO. 20. DATE OF DEATH MONTH Sept. 2	DAY YEAR 26. HOURS
A	3. SE	M	RACE B	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR OF UNDER 44
(A A A	1	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	Harford	County
4 9	F	ITY OR TOWN OF DEATH CLUS FOR AL RESIDENCE (IF NURSING HOME OR	Fall Ston G	en. Wosp.	120. USUAL OCCUPATION ATT OF WORK FOR MOST OF WORKING	iku Contine
11 3	130.	state aryland Ha	rferd Forest	WN 13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN N	130. STREET ADDRESS	Church K
complete 1 and 2	0	was deceased ever in u.s. ar	MED FORCES? 166. SOCIAL SE	el Dell	ADDRESS	Rebel
on and or. Pages he medio		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	45453A Dicey	B. Hall-5	Total Hill BETWEEN OMSET AND DE
equires that the death a n signed by the attending Then please remotion, or to burial, cremation, or injury, or other troumatic	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR CONSECTION OF CONSECTION OF CONTRIBUTING TO	DUENCE OF Carci	11 1	en 26 me
on. I permit. ene prior	CERTIFICATION	19a. DATE OF OPERATION		HOPERATION WAS PERFORMED	YES NO	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
DING PHYSICIAN: TO or ottending physicial After this certificate is not a benefit of the ord Meurici-transit and Meurici-transit marked or frem 18 sh	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE AT WORK NOTIFY WHILE AT WORK	ATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 211 LOCATION STREET	CITY OR TOWN	COUNTY STAT
by the hospitol by the hospitol by the hospitol BRAL DIRECTOR: e detoched for us State Dept. of Hee NNT: if them 21 is r			itol) ottended the deceosed from	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
de retoined by the retoined by the retoined by the roof FUNERAL should be detined by the retoined by the retoi		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OF CREMATORY Chighres Mannual L	udes Fallston.	204 -
MH - 16 50M 4/82 (VRA 15, 4)	1	UNERAL DIRECTOR	Mork JADDRES		P 2 8 1084	Milyn Randale



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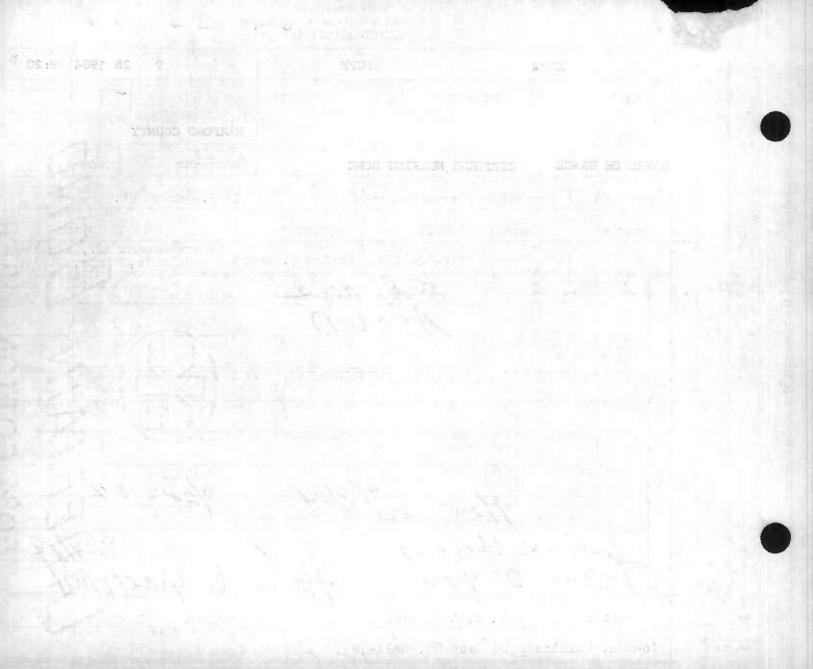
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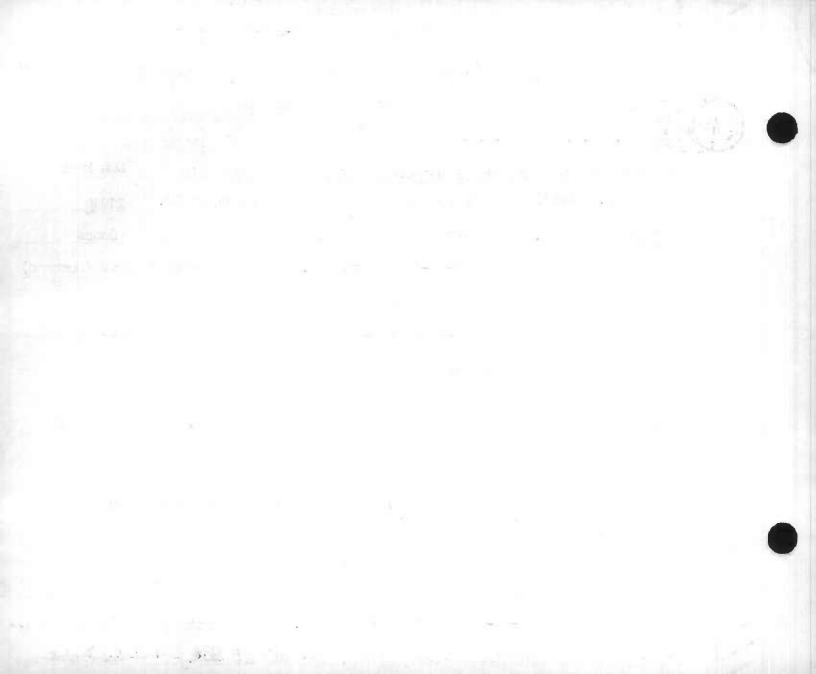
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 2

1.	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYGICATE OF DEATH	REG.) U	OA		
	ECEASED NAME E OR PRINT)	FIRST		MIDDLE		UFF	2a. DATE OF DEATH	MONTH 9	28 1984	2b. HOUR 9: 20	
3. SE	x Female	4.	RACE Whit	e	S. DATE O		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	HOURS MIN	
	Maryland	OREIGN 7b.	CITIZEN OF	WHAT COUNTRY	Y? B. MARRIEI WIDOWE	DIVORCED DIVORCED					
K .	VRE DE GRA		(TE NOT IN SUI	HOSPITAL, NURS CHEACILITY, GIVE STRE ENS NURS	EET ADDRESS)	R OTHER INSTITUTION	12a. USUAL OCCUPA (Type OF WORK FOR MOS Homemake)	TION TOF WORKING	G LIFE) 12b. KIND INDUSTRY HOME	OF BUSINESS C	
13a M	JAL RESIDENCE (IF NURS STATE STATE	13b COUNTY Harf	ord	130 CITY OR TO Havre	ore admission) NWN de Grac	13d. INSIDE CITY LIMITS? Cres XX NO	415 S. Ma	sirket	st. 8/10	178	
91	George	Tho	mas	Huff		Rebecca	WE		Guy	ton	
16a	WAS DECEASED EVER	IN U.S. ARME		216-32-		Louise H. Sr			unt Rd., c,Canada		
CERTIFICATION	cause (a), stating underlying cause PART 2. OTHER SIGN 19a. DATE OF OPERA	(c) NDITIONS <u>C</u>		O DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF	GIVEN IN PART YES, WERE FIND RTIFYING CAUSE	INGS USED S OF DEATH?		
	210 ACCIDENT WAS UNI		OF INJURY 	DAY YEAR	21r. HOW INJURY OCCUR	YES NO	JURY IN ITEM	YES 18 PART 1 OR PART 2)	NO 🗌		
MEDICAL	21d. INJURY OCCUR	RED		OF INJURY TREET, FACTORY, OFFIC	E. FARM, ETC)	211 LOCATION STREET	2/2	NOWN	s.V	STATE	
	22a I certify that (I) saw the deceos abavg. (I) (we) (he deceased from	0-1	nd that in (my) (aur) opinion	death occurred on the	date and	hour and from th	, that (I) (we) lo e causes stoted	
	22b. SIGYATURE	ms	4	m	7	DEGREE ATTENDING PHYSICIAN	MEDICAL S'	TAFF SICIAN [7/2	9/f4	
(JO!	AME (TYPE OR P	01	Yun	1	22e. ADDRESS		na	efon	uf	
23a.	Burial, CREMATION, (SPECIET) Burial		Oct. 1		Emory	EMETERY OR CREMATORY	23d. LOCATION / CITY OR TOWN Street	I	COUNTY Harford	Md.	
	John Ha	rkins	600 M	ain St.	Delta		TE REC'D. BY REGISTRA	AR 25b. REC		ATURE	





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DHMH - 16 50M 4/83 (VRA 15, 4)

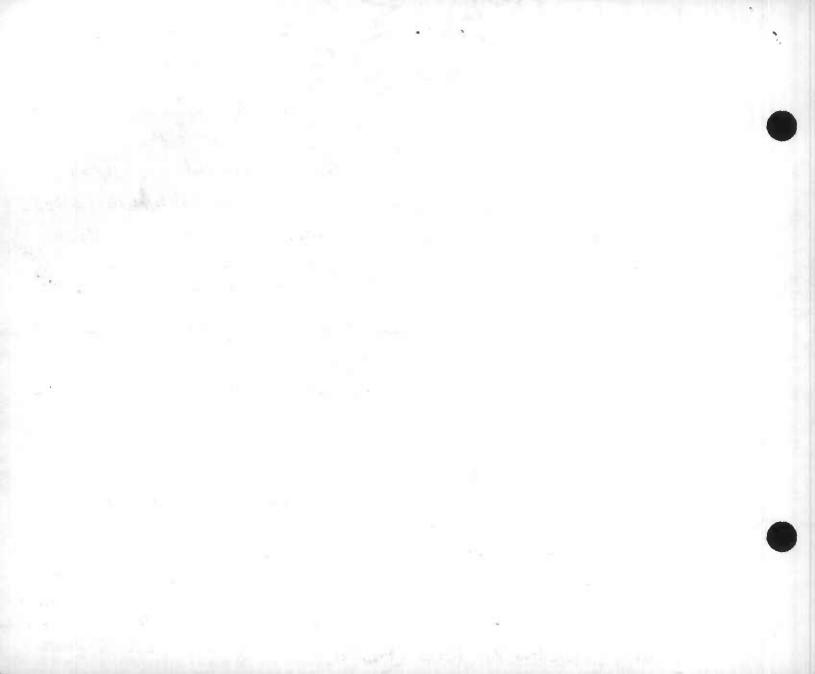
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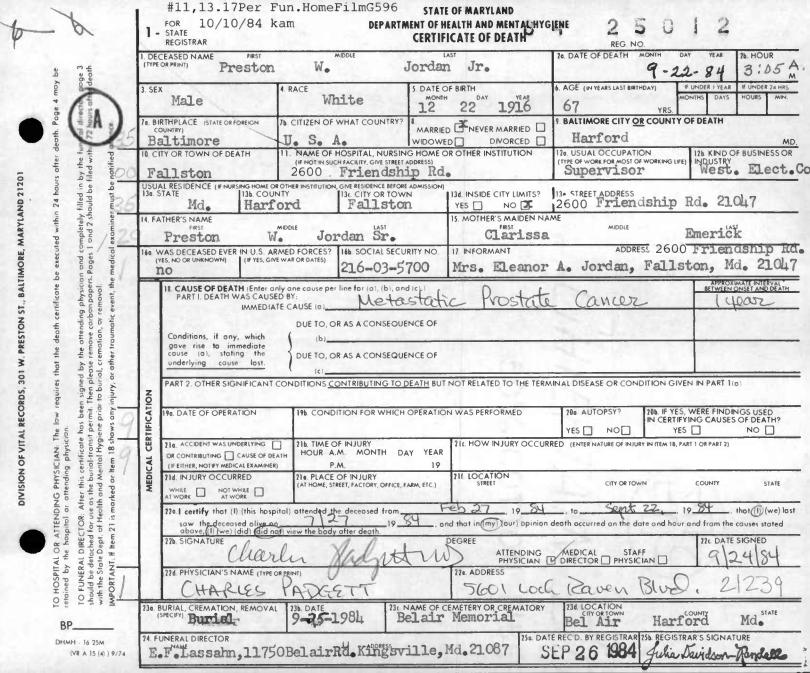
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE

CERTIFICATE OF DEATH

REG. NO

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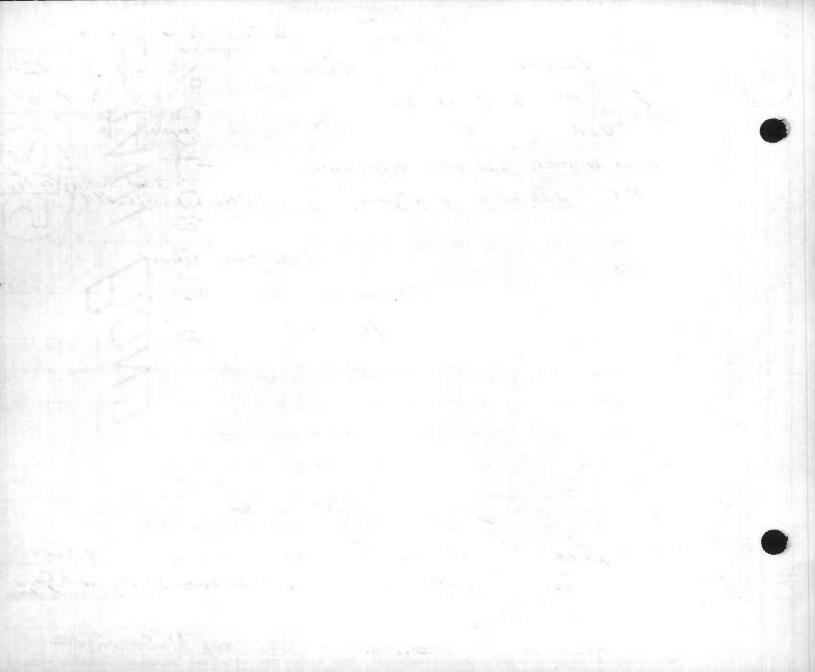
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICADE OF DEATH 4 REGISTRAR DECEASED NAME KNOWN X 2b. HOUR MONTH (TYPE OR PRINT) ESTI-DEATH MATED Terry Diane 84 Kaminkow 19 4. RACE 6. AGE (IN YEARS S. DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED :50P White 63 Female April DEAD 84 19 To BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED FOREIGN COUNTRY) Maryland USA DIVORCED Harford County EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PRINCIL IN TEM 18. GIVE PAGES 1, 2, AND 3 TO THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 10 THE PAGE 1 SHOULD BE USED AS A BURIAL. PRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. PAFTER DEFINITY IN THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Secretary Aluminum Fallston Fallston | Fallston General Hospita]
USUAL RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Abing con Harford 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Waldon Rd. 21009 NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Jöhn Ruth Rosenthal Brewster 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) 213-72-0568 Max Kaminkow 132 I Waldon Rd. 21009 no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple Injuries MAMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AND MONTH DAY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) XOR MEDICAL 7:42P.M 27 19 84 Pedestrian struck by auto CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 218 PLACE OF INJURY LATHOME. 211 LOCATION STREET, FACTORY, FARM ETC.) MD JATE NOT WHILE AT WORK street Woodsdall Rd. of Abingdon, Harford. X WARYLAND, 22a I certify that I took charge of the remains described above, held an Autopsy and in my apinian Accident X Natural causes Undetermined manner Hamicide TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER SIGNATURE 9/28/84 SIGNED EXAMINER'S NAME Gregory R/ Kauffman, M.D. 111 Penn St. Balto., MD 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial Air Memorial BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** Connelly Funeral Home of Dundalk elia Davidson (VR A15 ME (5)) 20M 4/82

Burits on applicate Eq. mornisms of poster section 1

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH 2b. HOUR I. DECEASED NAME [TYPE OR PRINT] 8:45 September 21.1984 MERTON KERR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 4. RACE 5. DATE OF BIRTH 3. SEX MONTH Male White Oct. 11, 1899 BALTIMORE CITY OR COUNTY OF DEATH Ta. BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Pennsylvania Harford County DIVORCED | CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Whiteford 1555 Kerr Road Farmer Dairy USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 13a STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 1555 Kerr Road Harford Whiteford Maryland NO T 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Tyson Andrew Kerr Winna 17. INFORMANT IAN WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 218-14-5602 Merton D. Kerr, Whiteford, Maryland No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DEPRESSION Conditions, if ony, which gove rise to immediate couse (o), stoting AURTIC ANEURYSY 5 underlying couse CERTIFICATION 20b. IP YES, WERE FINDINGS USED 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [NO [216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC WHILE HIGH WHEEL TO pinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL Sept. 22.1984 PHYSICIAN X DIRECTOR PHYSICIAN ADDRESS MPORT, 2678 Mt. Rose Avenue, York, Pennsylvania Walter G. Reich 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23e BURIAL CREMATION, REMOVAL Tib. DAI CITY OR TOWN COUNTY Delta Burial York Penna 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Delta, Pa. (VRA 15, 4) John H. Harkins, 600 Main St.

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DIRECT PARTY NATION STREET	3. SE)	F	W	5. DATE OF BIRTH	YEAR	AGE (IN YEARS IF L			DATE NOUNCED DE AD	MONTH	3	YEAR 19	2d. HOUR
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ANY DE AND 3 T RETAIN RECORD B	USUA 13a S	AL RESIDENCE (IF IN	NURSING HOME OF	ROTHER INSTITUTION, G	13c. CITY OR	TOWN	13d. INSIDE CITY LIMITS?		ADDRESS 3	000 1	Md.	2102	eeu
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NOT EXECUTE THE CERTIFICATE. WRITING THE WORDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1. 2, AND 3 TO THE FURTHER PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1-AND 2 SHOULD BE FILED. AFTER DEATH, WITH THE STATE DEPRIMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WALAL RECORDS, 201 W.	14. F/	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAI		MIDDLE		LA	AST	
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DIVISION HIS CERTING WRITING YARDED 1 AGE 3 SHATE DEPA	MEDICAL	21d. INJURY OCC		21e PLACE	OF INJURY (A TORY, FARM, ETC.)		OCATION STREET	СП	OR TOWN	cc	YINUC		STATE
DIVISION OF VITAL RECORDS, 201 W. PR TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MADICAL EXAMINER TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL -TRAN AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL BALLTIMORE, MARYLAND, 21201 PRIOR TO BURIAL CREMATION, OR RE		22e I certify th death resulted fr ACTUAL SEGNATURE		e of the remains de	Accident	held an Auta], Suicide	psy , Inspect , Hamicide TITLE (SPECIFY) A.D. Deputy	Undetermin		and in my a], DATE SIGN	ED 9-	3-47	k
O MEDIO XECUTE AGE 4 % O FUNE FITER DE		EXAMINER'S NAM (TYPE OR PRINT)	LUIS	E	REN	(EL		allia		- Ha	une.	450	aug.
	(5	JRIAL, CREMATION PECIFY) Remov	al	9/3/84	23c. NAM	NE OF CEMETERY		23d. LOCAT CITY OR TO		cou		STATI	E
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXEMINER: THIS CERTIFICATE SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTHWORE, MARYLAND, 21201 PRIOR TO BURKA	24 F(INERAL DIRECTOR HAME Ana	tomy Bo	oard		., Md.	SEF	0 5 198		Ourdso/		100	



requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funerial should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 with the State Dept, of Health and Mental Hygiene prior to burial, cremotion, or removal.

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STATE OF MARYLAND

	To BIRTHP COUNT MAS IN CITY OF COUNT MAS IN COUNT MAS IN CITY OF COUNT M	STATE . REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO.	1 0
_		CEASED NAME FIRST CLIFFOR	d Henry	KNOPP	20. DATE OF DEATH MONTH	25/84 26. HOUR 500
()	3. SE		Caucasian	S. DATE OF BIRTH	78	IF UNDER 1 YEAR IF UNDER 24 HRS
1		RTHPLACE STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	MARRIED WEVER MARRIED	BALTIMORE CITY OR COUNTY	
1	10 C	Maryland ITY OR TOWN OF DEATH - allston	11. NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED DIVORCED AND HOME OR OTHER INSTITUTION ADDRESS) NEVAL HOSP.	HARFORD CO 120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIF Maintenance	12b. KIND OF BUSINESS OR INDUSTRY OURTY
icoloxonia mili	130. S	AL RESIDENCE (IF NURSING HOME OF STATE Taryland	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW FORD ARTEST MADDLE KNOP: KMED FORCES? 166. SOCIAL SECLE	E ADMISSION 13d. INSIDE CITY LIMITS? SVIII GES NO X 15. MOTHER'S MADEN NA FIRST Minnie	13e STREET ADDRESS / ZIP CODE 1414A Knopp 1	
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nows ony	ERTIFICAT	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	YES NO YE	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
rked or Item 18		OR CONTRIBUTING CAUSE OF DE. 18F EITHER, NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINES	HOUR A.M. MONTH DA	AY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18. F	(OUNTY STATE
If hem 21 is ma		sow the deceased alive on	otal) any nded the deceased from 19	DEGREE	death occurred on the date and hou	19, that (I) (we) last on of from the causes stated
MPORTANT: If Hem 2		226 PHYSICIAN'S NAME TYPE	NAIR M	Altending Physician (Physicia	DIRECTOR PHYSICIAN -	Fallshy
≤		BURIAL, CREMATION, REMOVAL SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY illiam Watters	Cooptown, Ha	arford, Md.

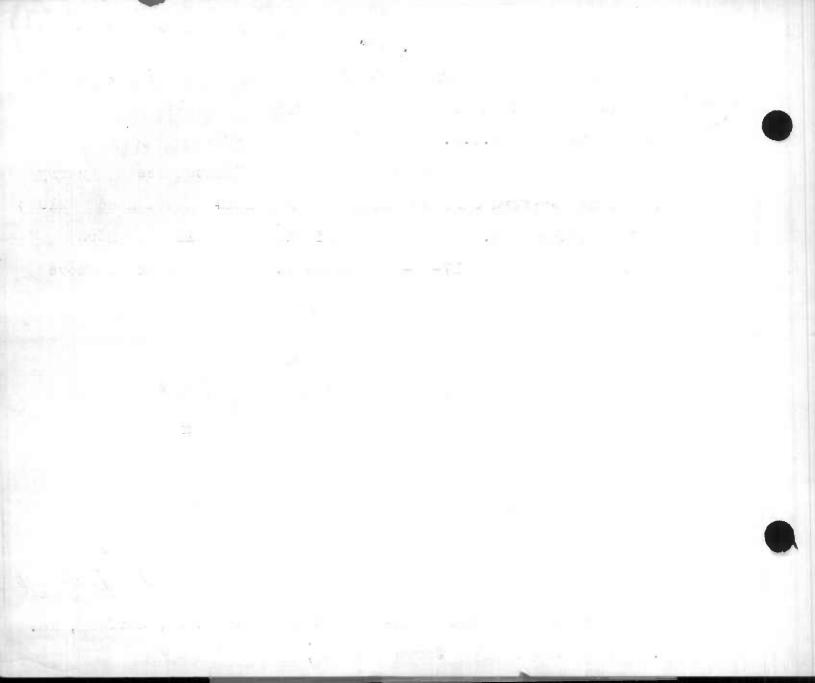
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TO MOSPITAL OR ATTENDING PHYSICIAN: The low

DHMH - 16 50M 4/83 (VRA 1S, 4)

Gladden Kurtz III

ABDRESS Md. Jarrettsville,



STATE OF MARYLAND

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requires that the death certificate be executed within 24 haurs ofter

PHYSICIAN: The low

TO HOSPITAL OR ATTENDING retained by the hospital or att

or attending

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		JAMES	meanage						
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	WUJE	4.	WhitE	5. DATE (6. AGE (IN YEARS LAST BIRTH		UNDER I YEAR	HOURS M
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35	Maryland	NURSING HOME OR OT 13b. COUNTY		OWN	13d. INSIDE CITY LIMITS? YES NO 🔯	130.STREET ADDRESS /			1047
20	FATHER'S NAME FIRST Charles	Edw			15. MOTHER'S MAIDEN NA Elizabeth	CATHERIN		Co ch	MAT
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A CKI	220 PHYSICIAN	sname litype or p	SUN, mD		1800 Har	ford Rd a	Falls	you .	2/04
23	BURIAL, CREMATI				CAHL Ch. CEMETER	TIM LOCATION CITY OR TOWN HYDES BALL		OUNTY	STAT

DHMH - 16 50M 4/B3 (VRA 15, 4)

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20 FUNERAL DIRECTOR AND TOSTER

Spork willing toster

- 50 W. Broadway & Williams St. . BEI Air Maryland 21014

St. John Cath. Ch. Cemetery

Hydes, Balto. Co., Maryland 210

50 And Antimarket in a secret for the major

FOR - STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

20. DATE OF DEATH DECEASED NAME Francis (TYPE OR PRINT) Rush A AGE (IN YEARS LAST BIRTHDAY) # UNDER TYEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker 13e STREET ADDRESS / ZIP CODE 3348 Level Rd. 21028 MIDDLE Widener ADDRESS 2101/1 Moores Mill Rd. NOT RELATED TO THE TERMINAL DISEASE OR COMDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO T (ENTER NATURE OF INITIRY IN ITEM IS PART LORPART 2) CITY OR TOWN COUNTY and that in (my) (our) opinion death occurred on the date and haur and from the gauses stated PHYSICIAN DIRECTOR PHYSICIAN 236. DATE (SPECIFY) Burial Sep.19,1984 Air Mem. Gdns. Air, Harford, Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE la Davidson Funeral Home, P.A., Aberdeen, MD, 21001-339

STATE OF MARYLAND

CERTIFICATE OF DEATH

REG NO

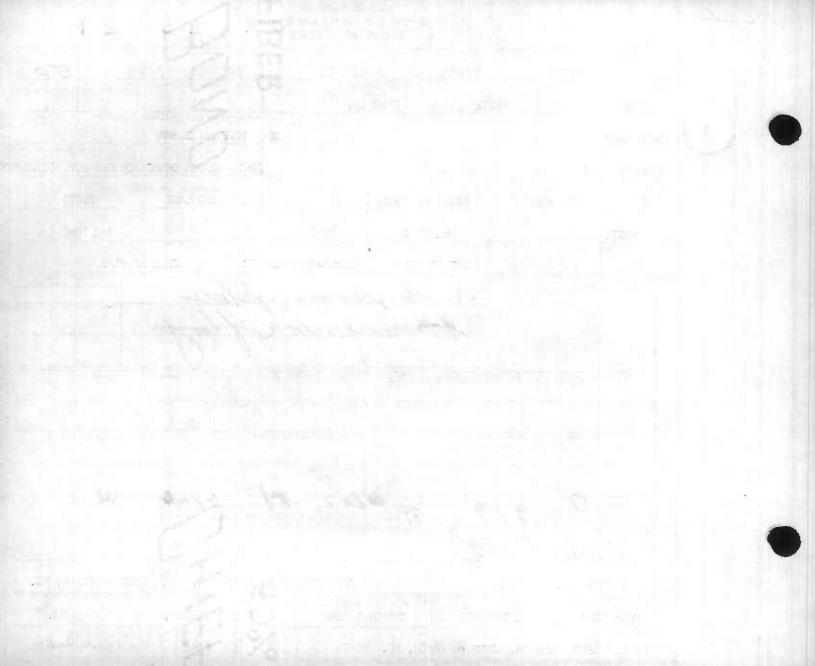
#1, per F.H. 4/4/85 k DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 7h HOUR TYPE OR PRINTI SEPTEMBER 26, 1984 PETER VASIL MILJEVIC 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE S DATE OF BIRTH # UNDER I YEAR 3. SEX HOURS MONTH VEAR JUNE 13, 1894 WHITE MALE 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY HARFORO COUNTY YUGOSOL AVI A LISA WIDOWED DIVORCED IX 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION IN CITY OR TOWN OF DEATH 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (RET) MASTER CARPENTER FEO GOVT (EOGEWOOD HAVRE de GRACE 425 WEBB LANE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 1136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 425 WEBB LANE 21078 HARFORD HAVRE de GRACE YES X NOF MO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST LAST EIRST MIDDLE M&LJEVIC SAVA VULETIC VASTI ADDRESS IAN SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LIF YES GIVE WAR OR DATEST I YES NO OR UNKNOWN SAME AS #13e ALEXANOER MILJEVIC 207 07 9150 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 101, (b), and to: PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20g AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOX NO M YES T 21a. ACCIDENT WAS UNDERLYING 11b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH DE EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated above, (1) (we) (did) (did nat) view the bady after death. 226 SHINATU DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF should be deta with the State [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT PLA PRYSICIATE PRAME (TIPE CEPHINI) 22e ADDRESS 203 SOUTH WASHINGTON ST. HAVRE de GRACE, MD. LOUIS SILVERSTEIN 23d LOCATION 23a. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE CREMATION WEST CHESTER. PA. 10CTOBER84 CRATIN & FERRIS 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078 (VRA 15, 4)

STATE OF MARYLAND

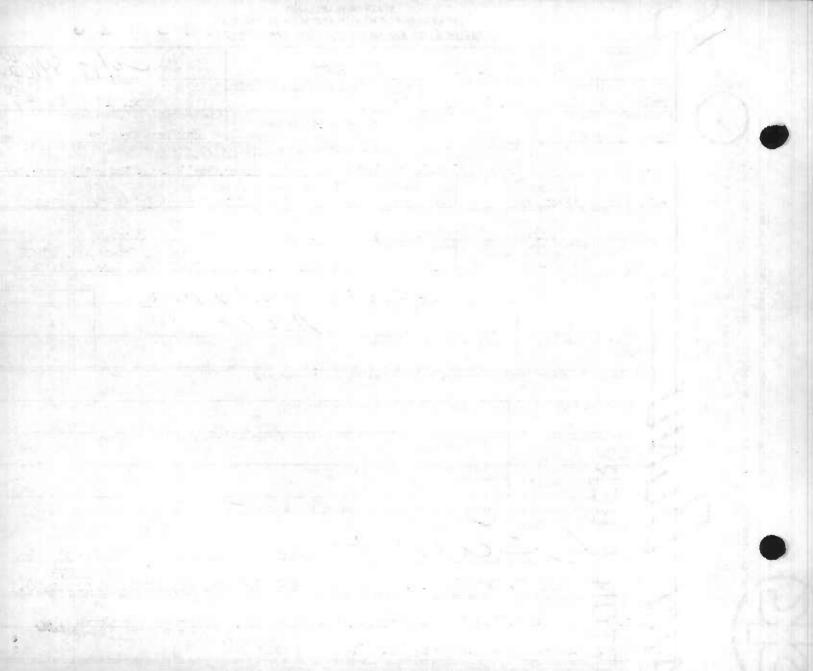


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-FANNIE 1084 DEATH MATED MORRIS 6. AGE (IN YEARS | IF UNDER 1 YR. I IF UNDER 24 HRS. 4 RACE 2d. HOUR 3 SEX 5. DATE OF BIRTH 2c. DATE LAST BIRTHDAY) PRONOUNCED remale White 1984 Sept. 17, 1905 MARRIED NEVER MARRIED Maryland U.S.A. Harford County WIDOWED XX DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Fallston Fallston General Hospital Homemaker Home Pennsylvania York Felton 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS NO X Rd3 Box 245 7322 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST Nicholas Smith Annie Virginia Patton 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT TYES, NO. OR UNKNOWN) 215-32-6103 No Charles L. Morris, Jr. Felton. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: MYO CAMDIAL AUVIE DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which CONONANY ARTEMY gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (o) stoting the underlying cause lost. ASIN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to DIABETES MELLITUS 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? THE YES 3 NO [710 EXTERNAL CAUSE WAS 21b. TIME OF INITIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED TIE PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM FTC CITY OR TOWN WHILE AT WORK PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE STA
BANTIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry ond in my opinion Notural couses Accident L Homicide Undetermined monner DATE 9.27 & 4 . MEDICAL EXAMINER G. C. PRASHU EXAMINER'S NAME (TYPE OR PRINT) ADDRESS. 23a BURIAL CREMATION REMOVAL 23b DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE Burial . 84DulanevVallev Mem. Gar. Baltimore Co., MD SEP 2 8 1334 Julia Davidon Hinder 24 FUNERAL DIRECTOR **DHMH - 17** William E. Johnson8521 Loch Raven Blvd. (VR A15 ME (5)) 20M 4/82



20M 4/B2

STATE OF MARYLAND



CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20 DATE OF DEATH MONTH 2h. HOUR TTYPE OR PRINTS FLOTENCE MORTON 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HR MONTH YEAR HOURS White 18 FEMALE may 22, 1903 To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED North Carolina WIDOWED & DIVORCED [HARFORD CO. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Housewife HAVRE DE GRACE CITIZENS NURSING HOME HEMEMAKET USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13h COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Harford Co. MAMPAND 1557 DEETFIELD ROAD DANLINGTON (21034) 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE ISAbellE Williams Arnold Adam 17 INFORMATIONALINA 836-3192 ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 1557 DEET Field Road LYES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST Mrs. Edua V. Ellis No 216-12-0253 Darlington, Maryland 21034 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line or (0), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D DUE TO, OR AS A PONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying cause last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN BART 1 (a) CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M MEDIC! 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE AT WORK 22a 1 certify that (1) (this haspital) attended the deceased from _ saw the deceased plive an table. (I) (we) (did) (did nay view the bady after death , and that in (my) (our) opinion death accurred on the date and have and from the causes stated DEGREE Mr. DATE SIGNED ± ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT He ADDRES should be with the S 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION BUCL Sept. 26, 1984 CENTRE CEMETER 21050 JOSEPH WILLIAM TOSTET 50 W. Broadway & Williams & 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S

BEL Air Maryland 21014

26

- STATE

DHMH-16 30M 2/80

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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within 24 hours ofter

6	1-	FOR STATE REGISTRAR			DEFARTM	ENT OF H	E OF MARYLAND SEALTH AND MENT FICATE OF DEATS		IENE 2	5 0	2 5	Š
		CEASED NAME	FIRST M	ARY	IRENE		nyers		20. DATE OF DEATH	9 24	YEAR 84	26 HOUR 2:00 AM
	-	Female		4. RACE White		5. DATE (H DAY YE	AR 9	6. AGE 11N YEARS LAST BIRT	YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	Ed	RTHPLACE (STATEORF COUNTRY) gewood, Md		USA	WHAT COUNTRY?	WIDOW		D 🔲	Har fore	Q		MD.
2	F	allston		Falls!	LON GENE	DDRESS)	Hospita,)	170 USUAL OCCUPATION 11YPE OF WORK FOR MOST OF Housewife		INDUSTRY	F BUSINESS OR
5	Ma.	ryland	Harf	VIY	13t. CITY OR TOWN Edgewood	V	13d INSIDE CITY LIA YES NO	×	13e STREET ADDRESS / 710 Edgewo		d 210)40
É	FA	THER'S NAME FIRST Herman	_	WIDDLE	Hanson		15. MOTHER'S MAID FIRST FIRST		MIDDLE		mmord	1
/		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES?	214-46-87		Emil H. M	yers	, 1409 Sara		21 rive,E	l014 BelAir,Md
		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE		r line for (o), (b), or i	epo	is				BETWEEN C	MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	nediote g the	(b)_	OR AS A CONSEQUE	he	nie B	in	pasc. du	iene		
	ATION	PART 2 OTHER SIGN		170			NOT RELATED TO TH		T 200 AUTOPSY?		WERE FINDIN	
1	RTIFICATION					OPERATIO			YES NO	IN CERTIFYII YES	NG CAUSES	
7	8	21a. ACCIDENT WAS UND	ERLYING	216 TIME C	OF INJURY		ZIC HOW INJURY (OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	F I OR PART 2)	

8

21a. ACCIDENT WAS UNDERLYING

MEDICAL (IF EITHER NOTHY MEDICAL EXAMINER)

22a.1 certify that (1) (this hospital) attended the deceased from

(SPECIFY)

NOT WHILE

CREMATION, REMOVAL

BP

DHMH - 16 50M 4/83 (VRA 15, 4)

sow the deceased alive on above, Milwe) (did) (did not) view the body after death

23c NAME OF CEMETERY OR CREMATORY

DAY YEAR

19

211. LOCATION

22e ADDRESS

DEGREE

23d LOCATION CITY OF TOWN

MEDICAL

Harford

22c DATE SIGNED

COUNTY

Trinity Lutheran Cemetery. Purial 24 FUNERAL DIRECTOR Howard K. McComas III, Abingdon, Md. 21009

23b. DATE

HOUR A.M.

21a. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

CITY OF TOWN

in (my) (our) opinion death occurred on the date and hour and from the causes stated

MEDICAL STAFF
DIRECTOR PHYSICIAN

STATE Md.

STATE



BP_____ DHMH - 16 50M 4/83

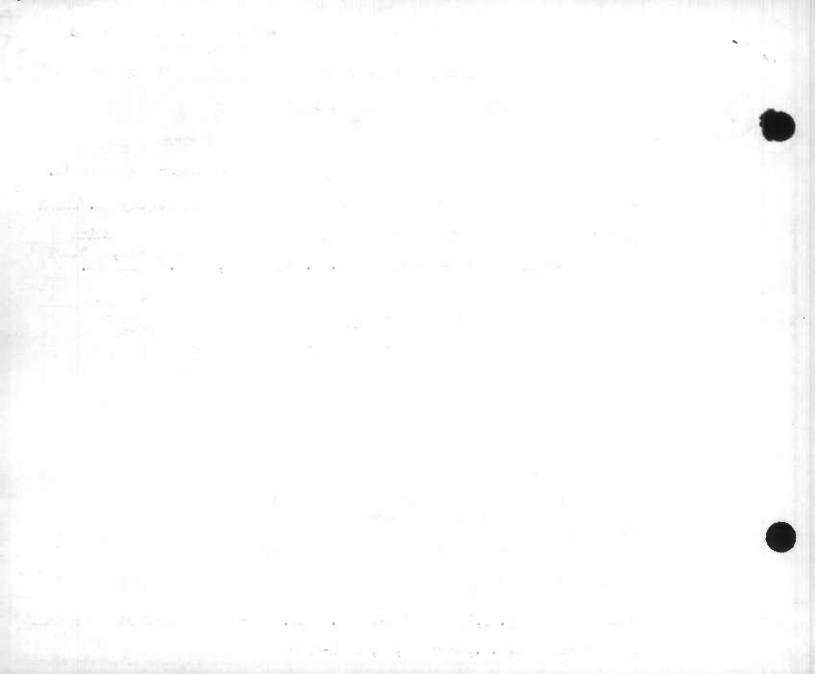
(VRA 15, 4)

FOR STATE REGISTRAR STATE OF MARYLAND

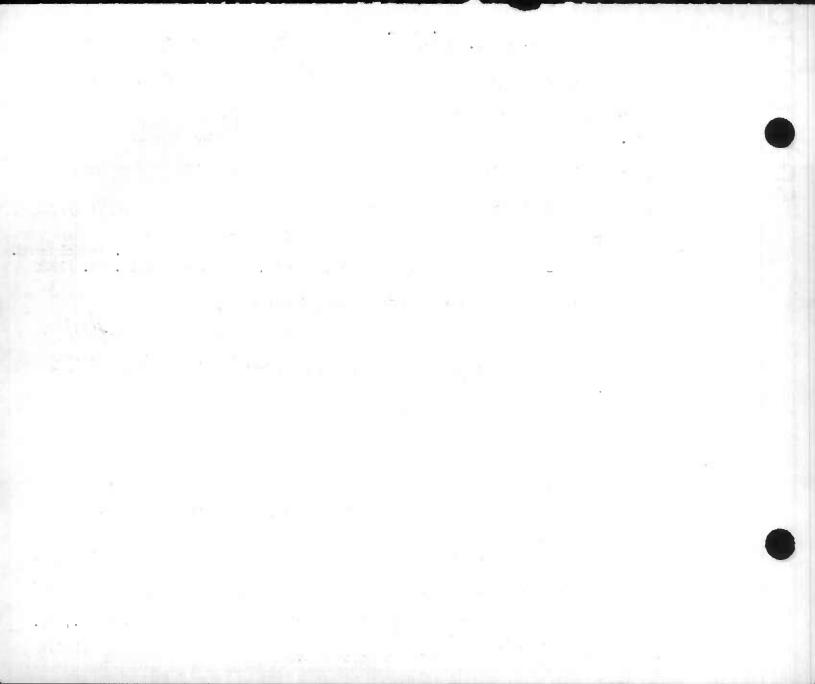
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 5 0 2 6

1. DECEASED NAME (TYPE OR PRINT)	FIRST		MIDDLE		LAST		26. DATE OF DEATH		DAY YEAR	2b HOU	IR OQ
	Harve	4	Levi	Nisi	vonger			9	3 84	12-	A
3. SEX		4 RACE			OF BIRTH		6. AGE (IN YEARS LAST B	IRTHDAY)	MONTHS DAYS	IF UNDER	
Male		White		Apr:		917	67	YRS.	MONTHS: DAYS	HOURS	MIN.
70. BIRTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNT	TRY? 8.	D NEVER MA	A DRIED	9 BALTIMORE CITY	OR COUNTY	Y OF DEATH		
Pennsylvan	nia	1000	USA	WIDOW		ORCED	Harfo	Bo			м
10 CITY OR TOWN OF	FDEATH		HOSPITAL, NU		OR OTHER INSTIT	MOITUT	120 USUAL OCCUPA	TION	12b. KIND O	F BUSINE	SS O
House de G	race	Harfor			Hospital		Meat Mana	ger	US GO	vit.	
USUAL RESIDENCE (#		OTHER INSTITUTION		BEFORE ADMISSION	113d. INSIDE CIT	V I I I I I I I I	13e.STREET ADDRESS				
Maryland	Hari		Aberde			40	900 South			2700	3
14 FATHER'S NAME			`		15 MOTHER'S	MAIDEN NAM	NE .	o ocor	IGA HOLE	4100	-
Edgar	•	MIDDLE	Ni stac	onger	Gert	RST	WIDDLE		Smi.t		
60 WAS DECEASED	EVER IN U.S. AF	MED FORCES?		SECURITY NO.	17 INFORMAN		ADD	XESS - do	en, MD 2		
YES, NO OR UNKNOW	YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)			5-0014	Eliz. R	. Nisw	onger,900	S.Step	ney Rd.	TOOT	
I8 CAUSE OF D	EATH (Enter of	nly one couse per	r line or (b). (b	Lond cut		•	7			MATE INTER	PEAT
PART I. DE A	TH WAS CAUSE	D BY: TE CAUSE (o)	LA	END		me			DC TAVELIA	NASE I MAD	DEAT
NO PO PER OF OF	PERATION	19b. COND	ITION FOR WH		ON WAS PERFOR	MED	200 AUTOPSY? YES NO	20b. IF YE IN CERTII	S, WERE FINDIN FYING CAUSES ES [√GS USE	TH?
OR CONTRIBUTATION		21b. TIME C HOUR A.		DAY YEAR	21c. HOW INJU	JRY OCCURRI	ED (ENTER NATURE OF INJ	URY IN ITEM 18	PART OR PART 2)		
(IF EITHER, NOTIF)	MEDICAL EXAMINE	R) P.	.M.	19							
(IF EITHER, NOTIFY 21d. INJURY OC WHILE N	OI WHILE		OF INJURY REET, FACTORY OF	FICE FARM, STC)	21f LOCATION	4	CITY OR T	OWN	COUNTY	S	IATE
AT WORK	AT WORK			An	72	GI					
	ot (I) (this hosp ceosed alive or	itol) offended th	ne deceased from	- 1	30	19.00	, to			that (I) (v	
obo/e, (1) (v	we) (did) (did no	ot) view the bad	ofter death/	7 - 4 - 0	DEGREE DEGREE	our) opinion a	eoth occurred on the	gote ond hou		-	ited
226 SROMATURI	why	mi	noh	ma	TENDING	MEDICAL STAFF DIRECTOR PHYSICIAN					
DA DA	NTE	OR PRINT)	NOK	2/2	120 ADDRESS	HO	La Gra	0,1	rul 3	107	76
BURIAL, CREMAT	ION, REMOVAL				EMETERY OR CR		23d LOCATION		COUNTY	<	TATE
Burlai		Sep. 5	,1984	Bel Air	Mem. G		Bel Air	Harfo	rd Ma	ryla	
4 FUNERAL DIRECTO			ADDRIVE ADDRIVE	Ecc		25a DATE	REC'D. BY REGISTRA	R 15b. REGISA	TRAR'S S GUAL	UR BLO	91
Tarring Fu	meral h	ome, P.A	. Aberc	meen, MD,	21001-3	37XLP "	" 130 A A	The same I			3

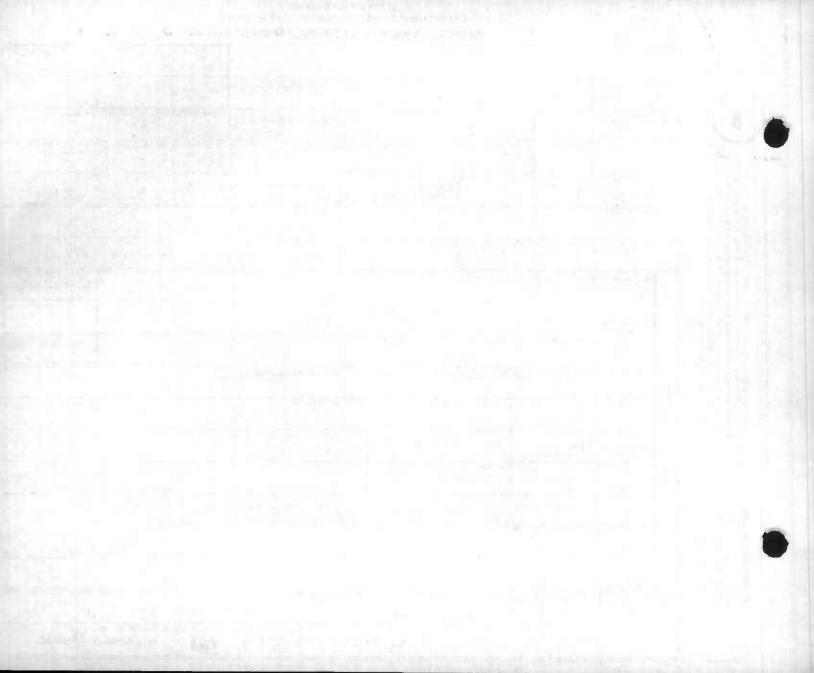


-	and a second of		STATE OF MARYLAND		
1-					2 7
	EASED NAME FIRST	MIDDLE	LAST	26 DATE OF DEATH MONTH D	AY YEAR Zb. HOUR
(TYPE	Grace	Loretta	Palugi	0 9 2	
3. SEX		4 RACE	5. DATE OF BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER TYEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
9- DI	temale	White		9 RALTIMORE CITY OR COUNTY	DEDEATH
-	renn.	USA	WIDOWED DIVORCED	Harford County	MD.
1	and a constant			170 USUAL OCCUPATION (1748 USEW 176 WORKING LIFE	126 KIND OF BUSINESS OR INDUSTREE
USU/ 13e. S	TATE 136 COUN	VIY 13c CITY OR TO	WN 134 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE	Rd. 21220
13 F	THER'S NAME	Main (AST	15. MOTHER'S MAIDEN NA Hattie	Baumghardner	LAST
16a. V	VAS DECEASED EVER IN U.S. AR				S. Randolph Ro
	PART I. DEATH WAS CAUSE	DBY - MMA	entire boart to	ilune	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIA'		ISNCE OF	1 1 1	abstru
	Conditions, if ony, which	000.0,0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	infarction	on7/03/84
	gove rise to immediate couse (a), stating the underlying couse lost.	11 11 20.	A MATTAKAM (AU)	voter C.V.D	1976
Z	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTUBUTING TO	DEATH BUT NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITION GIVE	EN IN PART 110
CATE	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
RTIF	ACCIDENT WAS UNDERLYING	THE THE OF INTURY	21/2 HOW IN HURY OCCUR		NO [
	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	LEWISE NATURE OF INJURY IN TICK TO SE	an (ORFARIZ)
DEC	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR YOWN	COUNTY STATE
Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM ETC)	1	
					19, that (1) (we) lost
		y i view the legitly often death.		deoth occurred on the date and hour	22c. DATE SIGNED,
	W	1 (Caxtyon)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/27/88
	224 PHYSICIAN'S NAME (TYPE	TRO, Jr. M	1D. 805 #	uselage ave,	Baltmop KU
23a. I	HIRIAT CREMATION REMOVAL	23h DAJE 9/29/84 H	NAME OF CEMETERY OF CREMATORY Hill Memorial	Gardens Town Baltin	more Co., Md.
24. F	Clare 1	effet de ADORESS		V 4. K	RAR'S SIGNATURE
1	uzdzinski Fune	nome PA 140%	Old Eastern Ave	p 2 8 1984 Fredor	Marketine . (
	1. DECC (TYPE 3. SEX 10. BIS 10. CT 11. CT	STATE REGISTRAR REGISTRAR I. DECEASED NAME (TYPE OR PRINT) JOSEX FEWALE JOSEX FEWALE JOSEX JOSEX FEWALE JOSEX J	T. STATE REGISTRAR AKA Grace L. Alban I. DECEASED NAME (TYPE OB PRINT) COCCE 3. SEX A RACE White What To difference J. CITIZEN OF WHAT COUNTRY USA III. NAME OF HOSPITAL, NURSING FRAILSTON III. NAME OF HOSPITAL, NURSING III. NAME OF HOSPITAL III. NAME OF HOSPITAL	FOR STATE REGISTRAR AKA Grace L. Alban CERTIFICATE OF DEATH	DEPARTMENT OF HEALTH AND MENTALLY GIFNE STATE S



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN [MONTH DECEASED NAME 2h HOUR (TYPE OR PRINT) ESTIi √iodest DEATH MATED 9/26/849 Phillips DAY 4 RACE AGE (IN YEARS IF LINDER 1 YR SEX S. DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR 2c. DATE 8:15 PRONOUNCED Black Male 5 10 20 DEAD 9/26/3419 64 AM 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY USA Ga. WIDOWED | DIVORCED Harford County O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST DEWORKING LIFE)
Truck Driver I-95, North of Exit SUAL RESIDENCE (IE IN NURSINGHOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONAL la. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 170 Otis 29601 Greensville YES S.C. NO [FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Lula William Phillips 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) Ethel Phillips 170 Otis St. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c),) PARTIDEATH WAS CAUSED BY: Smoke and Soot Inhalation AIMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES M NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XOR CONTRIBUTING CAUSE OF DEATH 7: 30 9/26/ 1984 subject in fire 218 PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED IL LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) I-95, North of Exit 4, Harford Co., Autapsy X 22a | certify that I taak charge of the remains described above, held an Inspection Inquiry Homicide ___ Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 9/26/84 SIGNATURE, EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23r NAME OF CEMETERY OR CREMATORY Burial 9/30/84 Flatrock Ch Cem. Greensville, S.C. 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE DEWH - 17 WM C March F/H, Incess 1101 E. North Ave rina Daydson-Randell (VR A15 ME (5))

20M 4/B2



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWNX 7h HOUR (TYPE OR PRINT) ESTI-19 84 MICHAEL PIPER DEATH MATED 9 DUANE 4 RACE A AGE (IN YEARS IF UNDER 1 YR. 2d HOUR 3. SEX DATE OF BIRTH IF UNDER 24 HRS DATE MONTH DAY LAST BIRTHDAY PRONOUNCED 1984 2a M 28 DEAD 1956 White 21 YRS Male Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland Harford County WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION ITYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Fallston General Hosp. Fallston Truck Driver USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3. RETAIN SHOULD 13d. INSIDE CITY LIMITS? 33 Robinhood Rd.,/21078 13a STATE 1136 COUNTY Harford Havre de Grace Maryland NO PA AND 2 SHOKYITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Piper Underwood Neidlein Ruth Minnie TAN SOCIAL SECURITY NO 7 INFORMANI Havre de 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Grace, MD Robinhood Rd., 21078 Ne 215-68-5609 Milton Piper. 33 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BURIAL - TRANSIT PERMIT. AND MENTAL HYGIENE, D ATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries MAMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL TO MEDICAL EXAMINER: THIS CERTIFICATE SHE EXECUTE THE CERTIFICATE, WRITING THE WORD POGE 4 SHOULD BE FORWARDED TO THE CHI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE UV AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURI YES X NO T 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AND MONTH DAY YEAR 71¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING X OR 11:304 9-8-1984 Driver in auto/fixed object impact. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY STREET, FACTORY, FARM FTC.) WHILE AT WORK 7 w. of Stepney Rd., Abingdon, Harford, Md. road X 22a I certify that I taak charge of the remains described above, held an and in my apinion Hamicide Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL Mn Assistant 9-10-84 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 236 DATE Burial Harford Mem. Gdns. Aberdeen Harford, Maryland BP 24. FUNERAL DIRECTOR **DHMH - 17** Tarring Funeral Home, P.A., Aber deen, MD, 21001-3 (VR AT5 ME (5) 20M 4/82

STATE OF MARYLAND

A A STATE OF THE RESIDENCE OF THE PERSON OF STATE A CONTROL OF STATE OF ST A REMOVED AND A STATE OF THE PARTY OF THE PA Medical State and State of the Court of the State of the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL WIGHTE

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-	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MEN CERTIFICATE OF DEAT		0 3 0
١	1. DECEASED NAME FIRST (TYPE OR PRINT) EUra	Jane	Rash	Septembe	11 6- 104/56
	Female	White		46. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
-		76 CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARR	9 BALTIMORE CITY OR CO	VRS DUNTY OF DEATH MD.
	Haure de Grace		novial Hospin	ION 174 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK F	RKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY Shoe
	USUAL RESIDENCE (IF NURSING HOME OR O 130. STATE 13b. COUN Maryland Harf	TY _ I3c CIIY OR TOW	N 13d. INSIDE CITY L YES \(\text{ NO} \)	🔯 4306 Pulask	CODE Li Highway 21017
7	Lonnie P	ayton Ferren	15. MOTHER'S MA FIRST Mabe	MIDDLE	Campbell
	160 WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (# YES, GIVE NO	MED FORCES? 166 SOCIAL SECU 213-26-76		. Rash, 301 W.Whee	21014 el Road, BelAir, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
100	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT COUNTY DATE OF OPERATION	DUE TO, OR ALL CONSEQUE (b) DUE TO, OR ALL CONTRIBUTING TO D ONDITIONS CONTRIBUTING TO D	cardiai	D 79a AUTOPS17 286	ON GIVEN IN PART TIO. IF YES, WERE EINDINGS USED CERTIFYING CAUSES OF DEATH? YES IN NO IN
	21s. ACCORNE WAS UNDERLYING DOR CONTRIBUTING CALSE OF DEAL OF STANDARD THE STANDARD DEAL SEAMONDS. 21st STANDARD DOS WAS CALLED WITH A SHADOW AT A SHADOW. 22st Certify that (I) (this hospit saw the decembed glive and above, (I) See) (did) (did not 22s. SIGNATURE)	P.M. 21e PLACE OF INJURY [ATHOME STREET, FACTORY, OFFICE, Y roll) attempted The Geographic from	AM_ETC. 211. LOCATION COST. 19 211. LOCATION COST. 10 211. LOCATION COST. 21	OCCURRED (LINES NATURE OF INJURE ON THE MATERIAL STAFF	COUNTY STATE COUNTY STATE 19 that (It (we) last on hour and from the causes stated 21. DATE SIGNED
	774. BAYSICIAN'S NAME (TYPE OF	DV YUN) 120 ADD/ESS	ulde fra	o, wel
	23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Rurial	,	NAME OF CEMEURY OR CREA LAir Memorial	CIT OR TOWN	Harford Md.
	24 FUNERAL DIRECTOR Howard K.McComas	peper13/1301		250. DATE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
	Torrata Terracaras	111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		DEF 13 184 14	who Davidson Bondon

DHMH - 16 50M 4/83 (VRA 15, 4)

O FUNERAL DIRECTO



20. DATE OF DEATH DECEASED NAME MONTH (TYPE OR PRINT) & AGE (IN YEARS LAST BIRTHDAY) # UNDER 1 YEAR 4 RACE 5. DATE OF BIRTH 3. SEX ale May 1304 890 AR 94 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE I STATE OF FOREIGN MARRIED NEVER MARRIED COUNTED . U.S.A. Harford WIDOWED [DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR Store Havre de Grace (TYPE OF WORK FOR MOST OF WORKING LIFE) Harrowan Memores Hospital WSUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13-5TREST ADDRESS ZIP GODE Apts. 21903 130. MATE HAMODIAN I 13cf Exproville 13d ASDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME FATHER'S NAME Reynolds Frank FIRSTLOU Ella Minker 703 Concord Apts. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES HODR UNKNOWN) 215-09-6990 Mary Reynolds Perryville. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID Conditions, if ony, which gove rise to immediate couse (b), stoting CONSEQUENCES DUE TO, OR underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF YES 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ŏ CITY OR TOWN COUNTY STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOI WHILE AL WORK 220.1 certify that (1) (this haspital) attended the deceased from, sow the deceosed alive on abave, (I) (wa) (did) (did not) view the body ofter death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURI DEGREE 22. DATE SIGNED ATTENDING ! MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIANUS NAME 22ec ADDRESS (TYPE OF PRINT) LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN 10-1-84

FOR

REGISTRAR

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

CERTIFICATE OF DEATH

REG. NO

250 DATE REC'D. BY REGISTRARIZS REGISTRAR'S SIGNATURE

was very ason - Handala

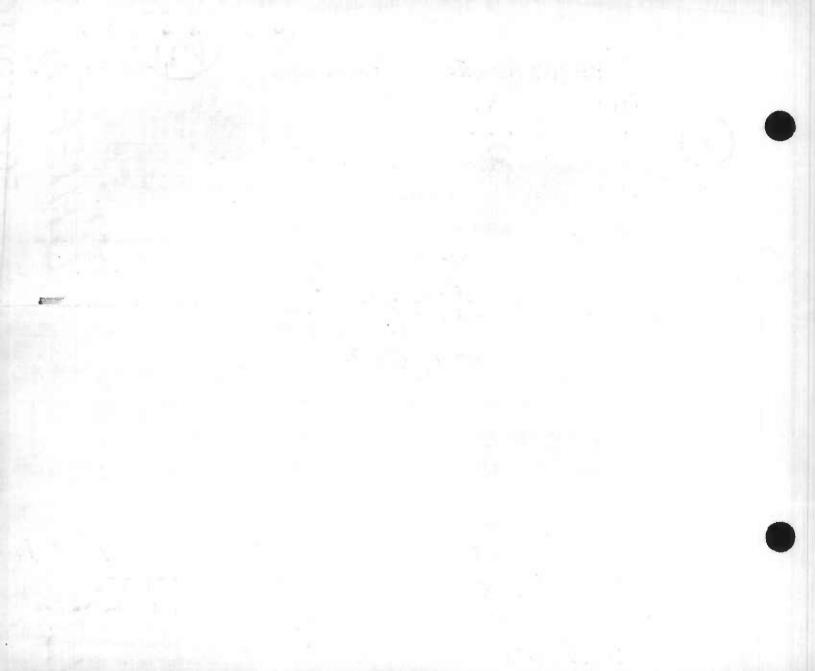
2b. HOUR ,05

LAST

Md

NO I

IF LINDER 24 HRS

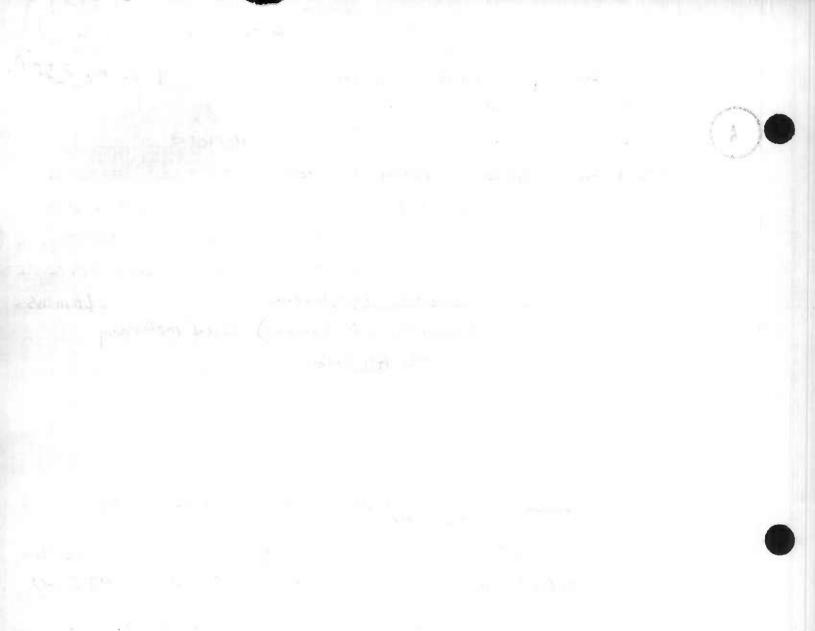


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	FOR - STATE REGISTRAR			DEPARTA		ICATE OF DEATH	GIENE 2	5 0	3 2	
	CEASED NAME	FIRST		emma.	_	iede a	20. DATE OF DEATH	MONTH DAY		5.35
3. SE		I	RACE	Called	5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BE			F UNDER 24 HRS
	FEMALE		WHITE		MAY	8. 1934	50	YRS.	THS DAYS	HOURS MIN.
7a BI	IRTHPLACE STATE OR COUNTRY) PA.	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY		DEATH	
0 C	ITY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT		12h. KIND OF I	
	ure de Gro		Harfor			Hospital	SECRETARY	(RET)	FED GOV	(APG)
USU.	AL RESIDENCE (IF NURS	136 COUN		GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
	MD	HARFO	ORD	HAVRE de	GRACE	YES X NO	1426 SUPER	IOR STREET	Γ 2	21078
4. FA	ATHER'S NAME	,	WIDDLE	LAST	-00	15. MOTHER'S MAIDEN NA	MIDDLE	1+	LAST	_
4- 1	THOMAS WAS DECEASED EVER	IN 2 LL LAI	SHIFFER	PACKWO 166. SOCIAL SECU		ANNA 17. INFORMANT	LAURA ADDR		PARTRIDO	GE
	YES, NO OR UNKNOWN)		E WAR OR DATES)	215 32 29		JOHN PARTRIDGE			E BEACH	, FLA 32
_	18 CAUSE OF DEAT	H (Enter on	ly one cause per	line for (a), (b), an	d (c).)				APPROXIMA	ATE INTERVAL
	PART I. DEATH W	AS CAUSE	Ó BY: E CAUSE (a)	Cardi		arrythmia.	5.		10	mins
<u>N</u>	PART 2 OTHER SIGI	NIFICANT C	ONDITIONS CO			NOT RELATED TO THE TERM	MIN AL DISEASE OR CON	IDITION GIVEN	IN PART Ito	
CERTIFICATION	19a. DATE OF OPERA	TION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES □ NO □	20b. IF YES, W IN CERTIFYIN YES		
	210. ACCIDENT WAS UNI	CAUSE OF DE A		M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART	T OR PART 2}	
MEDICAL	21d IN JURY OCCUR	ние	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	220.1 certify that (1) saw the deceas abave, (1) (we) (ed alive an.	9/	22 19	84.	21- 19 RY nd that in (my) (aur) apinian	death occurred an the c	late and have an	- /	at (I) (we) la iuses stated
	22b. SIGNATURE	NOS	17			MD ATTENDING PHYSICIAN	MEDICAL STA		9-2	1-84 1-84
	13. D.	PARE	RH M	.D .		1908 HARF	ORD PD. F	AUSTON	1 MD . Z	1047
	BURIAL, CREMATION, (SPECIFY) BURIAL	REMOVAL	236. DATE			EMORIAL GARDENS	23d LOCATION CITY OF TOWN		OUNTY MARVI	SIATE
4 FI	UNERAL DIRECTOR		IEZZEI IEI	DENOT INAL	LONG M		TE REC'D. BY REGISTRAL			
M]	ITCHELL FUNER	AL HOME	E PA, HAVE	RE de GRACE	, MD.	21078 CF	2 5 4004	Polis Kais	4. 30	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



medical exam

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR				ERTIF	ICATE OF DEATH	REG. N	0.	Q Q		
		OR PRINT)	FIRST		NIDDLE	7).	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	44
			Edit		Marie	19	iver	4.405	24pt 16	2,1984	4	OM
	3. SEX	T. y.l.		4. RACE	+ 1"	MONTE		6. AGE (IN YEARS LAST BIS		UNDER I YEAR	HOURS	MIN.
	7n Rt	RTHPLACE ISTATE OR	EO9EVGN.	Zh. CITIZEN GE V	WHAT COUNTRY? 8	Sept	15, 1906	9 BALTIMORE CITY C	YRS.	EDEATH		
16	~ (nnsylvania		US			D NEVER MARRIED	, BALTIMORE CITY	11. 1.	1		
_	-	TY OR TOWN OF DE				HOME O	DIVORCED DIVORCED	120 USUAL OCCUPAT		12b. KIND O	F BUSINES	SS OR
1/	110	we do a	MCE	Jarler	HACILITY, GIVE STREET ADD	RESS)	Hosp	Homemake		INDUSTRY		
1	USU/			OTHER INSTITUTION.	GIVE RESIDENCE BEFORE ADA	AISSION)						
5	150	Md.	1 / 1	ord	Hourdeen)	YES NO X	13 STREET ADDRESS		t. 210	001	
6	14 FA	THER'S NAME		MDDIE	LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE		IAS	1	
! C		Elmer		Ac	delsberger		Hypatian		1. 0	Wrig	ght	
1		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	166 SOCIAL SECURIT		17 INFORMANT	ADDR		2	8627	
		No			174-05-07	80	Wayne C. Wrig	ht/Rt.L, Box	c 39,G1			
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter on	ly one cause per DBY.	life for (a), (b), and t	1.1		1.	0110	APPROX.	MATE INTERV	DEATH_
				E CAUSE (o)	car 41	U	reprina	long	any	1		
				DUE TO, OR	AS A CONSEQUENCE	E OF	austri	the	"inel	10	wole	1.
		Canditions, if any gave rise to im	mediate	(b)	1 Junes		- great		1	-		7
		underlying cause		DUE TO, OR	AS CONSCOUENCE	EQF	delevol	- cmg	Liver	och.	-2	280
		PART 2 OTHER SIGN	NIFICANTO	ONDITIONS CO	INTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	9	-
	NO											
0	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH OP	ERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	WERE FINDIN	NGS USED	H2
7	RTIF							YES NO	YES		NO [
0		210. ACCIDENT WAS UN		21b. TIME OF	FINJURY M. MONTH DAY	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM IB PART	I OR PART 2)		
7	MEDICAL	(IF EITHER NOTIFY MEDI	CAL EXAMINER) P.A		19						
1	MED	21d. INJURY OCCUR		21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, FARM	ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	51	ATE
		AT WORK AT WO	IRK /			A	120	1. Sin	116	Au		
				tal) offended the			nd that in (my) (aur) apinian a	teath accurred on the d	ate and have a		that (I) (w	,
		saw the recea abave, (1) (we) (1) 22b. SIGNATURE	and motor no) view il wordy o	after death.		DEGREE	Jean decorred on the o		275 DAX	SIGNED	
		X ///	(in	XL	1		ATTENDING	MEDICAL STA		9/1	7/20	
	~	224. PHYSICHN'S N.	AME (TYPE O	R PRINT)			22e ADDRESS	DIRECTOR DIPHYSIC	IAN	7	0	_
1	=	4. YAMA	KA	WAM.	D. 319	So	UNION Pare	#45	Md	210%	28	
	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE	23c. NAA	AE OF C	EMETERY OR CREMATORY	23d. LOCATION				
		Burial	./	Sep. 20	1984 Arl	ingt	on National	Arlingto		agton.		land
		INERAL DIRECTOR	Kom	oth B. G	ugo (ADDRESS		25a DATI	E REC'D. BY REGISTRAR		R'S SIGNAT		
	Ta	rring Fune	ral H	ome, P.A.	Aberdeen	, MD,	21001-3399	EP 20 1854	1			

DHMH - 16 50M 4/83 (VRA 15, 4)

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toff	1.	FOR STATE REGISTRAR		DEPARTN	NENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 2	5 0 3	4
(A de			FIRST VOV 4. RACE	B	RE IS. BATE O	Langh De BIRTH	20. DATE OF DEATH 6. AGE (IN YEARS LAST BIRT	9 25	AYEAR 26. HOUR OSSAM RIYEAR IF UNDER 24 HRS
_		MALE		Cane.	MONT	DAY JYEAR 23	6/	YRS.	DAYS HOURS MIN.
on de la	7	RTHPLACE (STATEORFO COUNTRY) est Virginia	OREIGN 7b. CITIZE	USA	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	R COUNTY OF DE	ATH MD.
led with	_	ITY OR TOWN OF DEA	(IF NO	ME OF HOSPITAL, NURSIN	G HOME C		12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF (RET) DRIVER	F WORKING LIFE) IND	KIND OF BUSINESS OR USTRY STRIBUTING CO.
uld be f		AL RESIDENCE (IF NURSI		136. CITY OR TOWN HAVRE de	ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 224 WILSON ST	ZIP CODE	21078
and 2 sho]4, E	ATHER'S NAME FIRST	MIDDLE M.	ROHRBAUGH		15. MOTHER'S MAIDEN NAMERST FANNIE			LAST
Poges to		WAS DECEASED EVER I		CES? 166 SOCIAL SECU	RITY NO.	17 INFORMANT MRS. EDNA L ROH	ADDRE		
arbanpapers. or remaval.		PART I. DEATH W.	AS CAUSED BY: IMMEDIATE CAUSE	use per line for (a), (b), and	01	espiret	ay ar	ust:	APPROXIMATE INTERVAL LETWEEN ONSET AND DEATH
ase remave c ol, cremation, ather trauma		Conditions, if any, gave rise to imm cause (a), stating underlying cause	which dediate the but	10, Opposed SEQUE	·	clero tie	conto	vesul	in feer
t. Then ple or to burio y injury, or	NOIL	PANLS OTHER SIGN	etes	well	Tu	NOT RELATED TO THE TERM	NALDISEASE OR CONI		FINDINGS USED
t permit.	CERTIFICATION	MA DATE OF OPERAT	ION 196	ÇŐNDITIÓN FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO W		CAUSES OF DEATH?
Mental Hygin		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH HO	TIME OF INJURY DUR A.M. MONTH DA P.M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART TOR	PART 2)
e as the bur alth and Me marked or th	MEDICAL	21d. INJURY OCCURR WHILE OF WHILE AT WORK	ILE / (AT H	PLACE OF INJURY HOME_STREET, FACTORY, OFFICE, F.	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	WN FOR	UNITY STATE
far use of Healt		saw the decease	/	ded the deceased framily	K	nd that in (my) (our) opinion o	, todeath accurred an the do	ite and hour and h	that in (we) last on the causes stated
detached ate Dept. II: If Hem		776 SIGNATURE	Xue	Chu 1 -		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	E 3	25 ST
PORTA] [1220, PHYSICANIS NA	ME (TYPE OR PRINT) KAWA	M.D. 31	19 5	22e ADDRESS	12. Havn	E od	GRACE

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR ADDRESS MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. (VRA 15, 4)

236. DATE

23a. BURIAL, CREMATION, REMOVAL

BURIAL

HAVRE de GRACE,

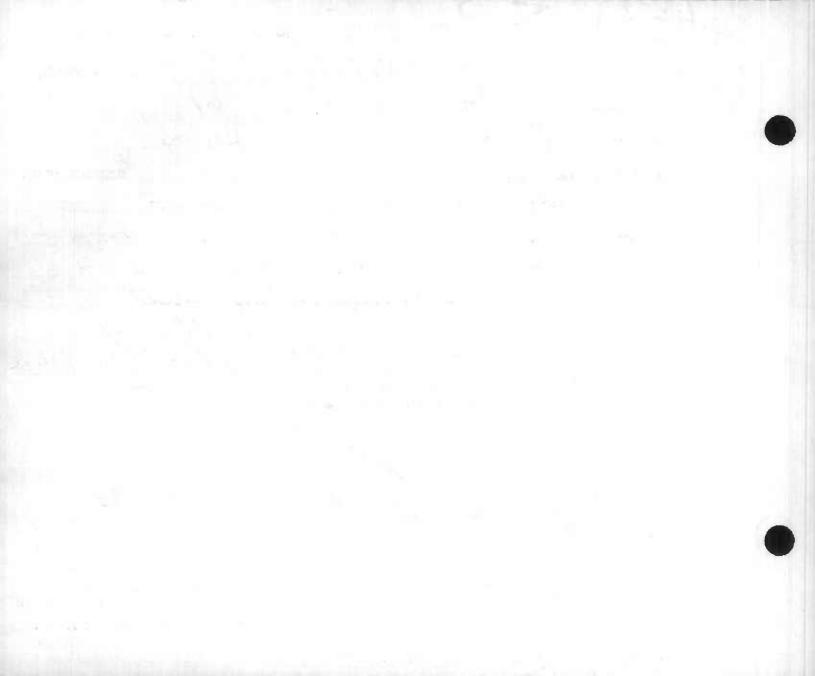
1250. DATE REC'D. BY REGISTRAR 255/REG CEMETERY

23d LOCATION

23c. NAME OF CEMETERY OR CREMATORY

COUNTY

. HARFORD CO.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 7h HOUR 20. DATE KNOWN YEAR (TYPE OR PRINT) OF ESTI-1084 FRANZ ROTTACH 4 RACE 5. DATE OF BIRTH & AGE IN YEARS IF UNDER 24 HRS DAY 2d. HOUR SEX IF UNDER TYR. 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED 1084 6a M Sep. 11, 1935 White Male 9 BALTIMORE CITY OR COUNTY OF DEATH 7a B)RTHPLACE (STATE OF L CITIZEN OF WHAT COUNTRY? MARRIED KNEVER MARRIED FOREIGN COUNTRY) Harford County WIDOWED [DIVORCED West Germany West Germany 3 TO THE FURAND PAGE (1) BE FILED, ORDS, 201 W 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Harford Memorial Hosp. Havre de Grace Pipe Fitter CAL EXAMINER ALONG WITH FORM PM 3. TO AND 3.TO CAL EXAMINER ALONG WITH FORM PM 3. RETAIN PIBURAL. TRANSIT FERMIT, PAGES 1 AND 2 SHOULD BE I AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS. ATION, OR REMOVAL. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Harford 115 Poplar Hill Road/21001 Aberdeen NO I Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE LAST FIRST UNK 17. INFORMANT Aberdeen, MD, 21001
Agnes Rottach, 115 Poplar Hill Rd., 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) 218-36-8540 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cranio-cerebral trauma IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, If ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last CREMATION. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) ED AS A E CERTIFICATION **USED AS** 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNRAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DA UNDERLYING TO Pedestrian struck by motor vehicle. CONTRIBUTING CAUSE OF DEATH 21 LOCATION 21d INJURY OCCURRED ? IE PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) Md. WHILE AT WORK Harford road Post Rd. nr. Michaels La. 270. I certify that I took charge of the remains described above, held an and in my opinion Accident X death resulted from. Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 9-24-84 Mn Assistant SIGNATURE EXAMINED'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 73d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY West Chester Chester Pannsylvan.

SEP 2 7 1984 June Dangler August Pannsylvan. and Ferris Cremation BP 24 FUNERAL DIRECTOR **DHMH - 17** Tarring Funeral Home, P.A., Aberdeen, (VR A15 ME (5)) 20M 4/B2

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

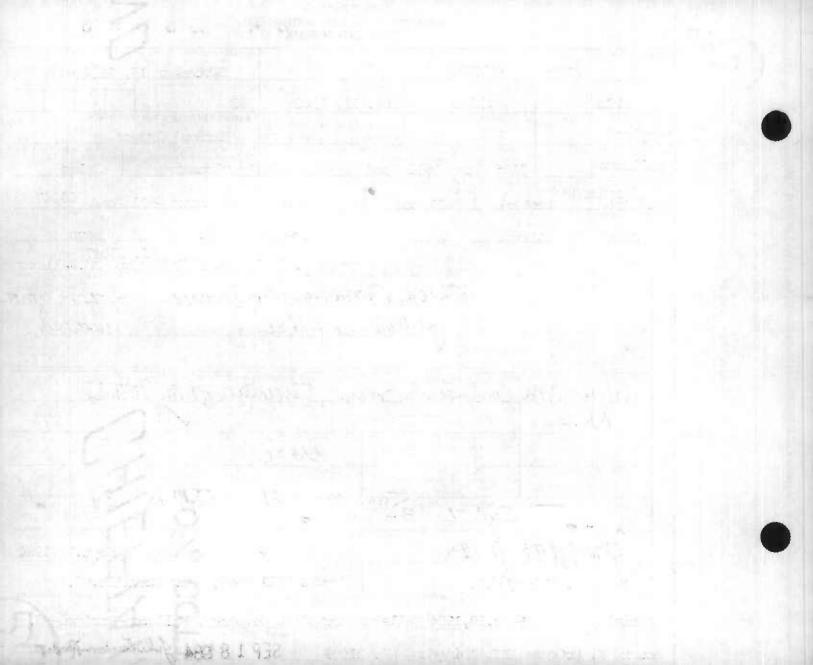
REGISTRAR		RTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	REG. NO.	3 6
I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
(TYPE OR PRINT)	ORVILLE	RYAN	Combondo ou 11	1004 4.00
JOHN 3. SEX	14. RACE	S. DATE OF BIRTH	September 1.	5, 1984 4:00
		MONTH DAY YEAR	R	MONTHS DATS HOURS
Male	White	Nov. 13, 1900	83 YRS	
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
Maryland	USA	WIDOWED DIVORCED		ntv
10 CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	N 12a USUAL OCCUPATION	126. KIND OF BUSINESS
Fallston	(IF NOT IN SUCH FACILITY, GIVE STRE		(TYPE OF WORK FOR MOST OF WORKING	
	2126 Carrs Mil		Auctioneer	Sales
130. STAT Maryland 13b. CO	OUNTY 13c. CITY OR TO			21047
Fallston Ha	arford Fallst			1 Road 21047
14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDE	EN NAME MIDDLE	LAST
John	Thomas Ryan	T77		Mays
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INICORMANIT	ADDRESS	
(YES, NO OR UNKNOWN) (YE YES,	218-14-	-9934 Trone P.T.	Md. ittleton, 2107 Harf	ord Dd Falle
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC		TERMINAL DISEASE OR CONDITIONS	Li watesut
PART 2 OTHER SIGNIFICAN	196 CONDITION FOR WHICE	CH OPERATION WAS PERFORMED	PELE TOPANO NO NO SERVICE NO SERV	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH' YES \(\text{NO} \)
PART 2 OTHER SIGNIFICAN OTTOMOS OF 190 DATE OF OPERATION ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICE	CH OPERATION WAS PERFORMED	PELE DOZENTATE DE LES 1206. IF Y IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH' YES \(\text{NO} \)
PART 2 OTHER SIGNIFICAN OTTOMOS OF 190 DATE OF OPERATION ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	CH OPERATION WAS PERFORMED DAY YEAR 19 21c. HOW INJURY O	PELE TOPANO NO NO SERVICE NO SERV	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH' YES \(\text{NO} \)
PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFIC	196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH INER) 216. PLACE OF INJURY	CH OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION	PELE TOPANO NO NO SERVICE NO SERV	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH' YES \(\text{NO} \)
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DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

Howard K. McComas III, Abingdon, Md. 21009

SEP 1 8 1984 Julia Davidson Pompless



The second of th
TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.
10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be 11th with a titler of most of the plant of Mental Hygiene prior to burial, cremation, ar removal.
IMPORTANT: If hem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be mark to a present and the second or the s

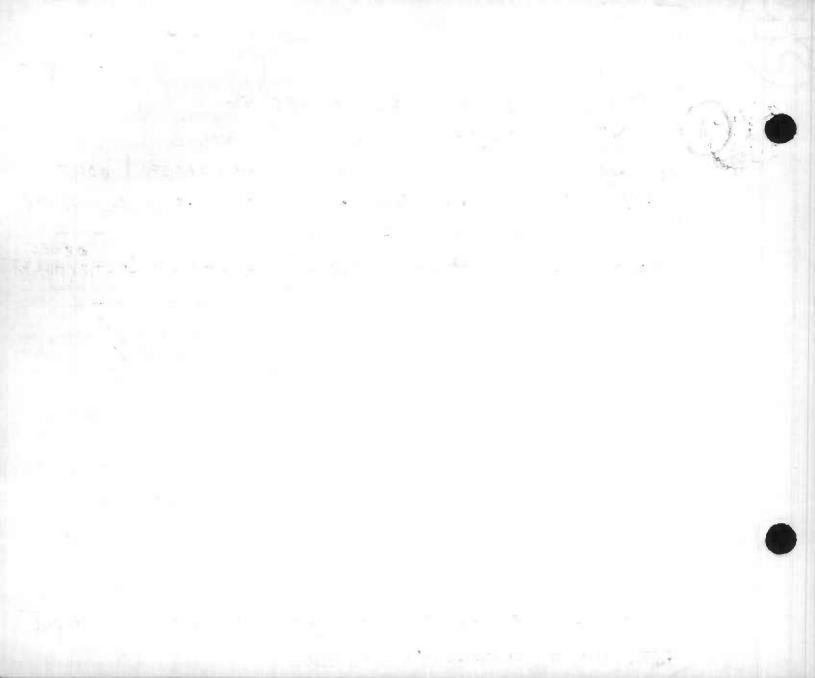
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 2	5037	
	CEASED NAME FRST	MIDDLE SC	hubert			HOUR A
3 SE	FEMALE	WhitE	S. DATE OF BIRTH JUNE 8 189		YRS.	UNDER 24 HRS DURS MIN.
	RTHPLACE (STATE OR FOREIGN	TUIS A	MARRIED NEVER MARRIED WIDOWED DIVORCED	□ Harford		MD.
Ho	VR de Grace	HATFORD MEN	porial Hospita	120 USUAL OCCUPATION TYPE OF WORK EOR MOST OF HOME MAK	WORKING LIFE) INDUSTRY	
13a. S	AL RESIDENCE 18 NURSING HOME O STATE 130, COU	FORD HAVE DE	VICE PER YES NO	211 WILS		21078
	GEORGE .	MIDDLE HELLY		thA MIDOLE	4AST	_
	VAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	211/0 + 51	LIVE BAIR	PH. CHERRY	HILLYT
	PART I. DEATH WAS CAUSI	nly ane couse per line for (a), (b), a ED BY: TE CAUSE (a)	to respirat	ony bus	APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OF SEQUENCE (c)	ENCE OF celebrour	my trutt	i dent	
NOT	Dalete	s well,	DEATH BUT NOT RELATED TO THE			
CERTIFICATION	198 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO		S USED DEATH?
MEDICAL CE	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR 19	CURRED (ENTER NATURE OF INJUR	y IN ITEM 18 PART I OR PART ?)	
MEDI	MALINJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM EIC) 211 LOCATION STREET	CITY OR TOW	WN COUNTY	STATE
	77n t certify that (t) (this hosp saw the deceased alive or above (1) (we) (did n) 715 SIGNATURE	ital) artified the deceased from	, and that in (my) (aur) Opi DEGREE ATTENDIN	nian death occurred an the da	te and hour and from the cou-	t (I) (we) lost ses stated
, ,	771 PHOYSICIANS NAME (TOPE	own H.D.	PHYSICIA 220. ADDRESS 3 1 8 5. M	Jion Aus	HAGM	V.
	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. E	THEL MEM. PA	RK PEWNS	AUKEW CHIMIE	V.N.I
24 F	INCHERL FH.	HAVREDE	RACE MOE 250	DATE REC'D. BY REGISTRAR	Sh. REGISTRAR'S SIGNATURE	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP



		FOR			DEPARTM		E OF MARYLA EALTH AND N		IENE 🔿	100	-Z 9	
	1.	STATE REGISTRAR					ICATE OF D		f fice	G. NO.	3 0	
oth o		CEASED NAME	FINST		AIDDLE	SH	EET	5	20. DATE OF DEA	7 10	3, 84	26. HOUR 05
do po	3. SE	× Female	4 RACI	E White	e	5. DATE O	OF BIRTH	19520	6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
2(11)		RTHPLACE (STATE OR FO			WHAT COUNTRY?	8.			9 BALTIMORE CI	YRS.	Y OF DEATH	
100		Maryland		U.S.	.A.	WIDOWE	D NEVER M	ORCED	Haj	rford C	ounty	MD.
00		TY OR TOWN OF DEAT Whiteford		AME OF H	iospital, nursin HFACILITY, GIVE STREET A Ridge Roa	G HOME C	OR OTHER INSTI	TUTION	12a USUAL OCCU (TYPE OF WORK FOR A Housew	IPATION OST OF WORKING LIE	LIFE) 12b. KIND (OF BUSINESS OR
filled in ould be a	13a. 3	AL RESIDENCE (IF NURSING STATE TYLAND	Harford		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Whitefo	N	136. INSIDE CIT	TY LIMITS?	13e. STREET ADDR 1808 F	ess R idge R	oad 21	160
E W	14 FA	ATHER'S NAME	MIDDLE		LAST		15. MOTHER'S	MAIDEN NAA	AE MIDE		14	ST
100		Earl	L.		Rolfe		Gra	ice	C.		Spicer	
0 m / 1		VAS DECEASED EVER II YES NO OR UNKNOWN) No	N U.S. ARMED FC (IF YES, GIVE WAR OR		215-16-5		17 INFORMAN			DDRESS	D 7 ***	
he is							Dotore	S H. W	000S,1000	Riage		iteford,Mo
Ing phys irbonpop or remove tic event.		18 CAUSE OF DEATH PART I. DEATH WA	IMMEDIATE CAUS	SE (a)	- coars	15 W	monery	ar	rest		BETWEEN	XIMATE INTERVAL ONSET AND DEATH
bye co	18	Conditions, if ony,		JE 10, OR	hronu		espira	tory	Fait	re	Je.	veral
ol, cremat		gave rise to imme cause (a), stating underlying cause		JE TO, OR	LEVERE		D	ary	engely	sena	S 30	an
r to burion to the plant of the	NOIL	PART 2. OTHER SIGN	End	- 81	tage Le	ing	NO RELATED	ne a	ASOC CA	CONDITIONS	arell	& Smoker
hows on	CERTIFICATION	19a DATE OF OPERATI			TION FOR WHICH	OPERATIO			YES NO		ES, WERE FIND IFYING CAUSE (ES]	
Introduced Hyper In 18 s		210. ACCIDENT WAS UNDE		DUR A.A	FINJURY A. MONTH DA	Y YEAR	21t. HOW INJ	URY OCCURR	ED (ENTER NATURE O	F INJURY IN ITEM 18	PART TOR PART 2)	
Ment Ment	MEDICAL	(IF EITHER, NOTIFY MEDICA 21d INJURY OCCURRE		P.A	A. OF INJURY	19	21f LOCATIO	N		200		
ond ked	ME	WHILE NOT WHILE	LAT		EET, FACTORY, OFFICE, FA	RM, ETC)	STREET	0.4	CITY	OR TOWN	COUNTY	STATE
se os se os mor	10	22a.1 certify that	this haspital) atte	in Pd the	deceased from	tomet	we in	19.705	= 10 Se	nt.	19	that (1) we) last
for u of Hi of His		saw the deceased above (1) we) (di				94, ar	nd that in (my)	aur) apinion d	eoth accurred an t	he date and ha	our and from the	
ched Ched Dept.		226. SIGNATURE	NOO C	0			DEGREE		Mary Co.		22c. DATE	SIGNED
deto deto tate l	3	u	ellies	0.	C. Ju	u. U	PI	HYSICIAN	MEDICAL DIRECTOR PH	STAFF IYSICIAN 🗌	9/2	3/84
should be d		Alberi		Sui	N, m.Z).	180	o Har	ford Ra	. Fal	Iston,	m3/647
	23a E	URIAL, CREMATION, R					EMETERY OR CI		236 LOCATION		COUNTY	STATE
		Burial JNERAL DIRECTOR	Se	pt. 2	26,1984	Bapti	st View		Forest	Hill, H	Harford	Co. Md.
H - 16 50M 4/82 VRA 15, 4\	Jo	hn H. Hark	ins,600	Main	St. Del	ta. P	A. 1731	4 DATE	REC'D. BY REGIST		TRAR'S SIGNA	

The second section is a second Market Branch and Committee an Baptist View Forest Hill, Harford Co., Md. The state of the s

1	FOR - STATE			PARTMENT OF HEA	2.6			9
	REGISTRAR DECEASED NAME TYPE OR PRINT) SEX	Pobert		CAL EXAMINER IDDLE 16. AGE (IN YEARS I	Syngle to	20. DATE KNC OF ES DEATH MA	REG. NO. OWN MONTH DATED MONTH DATED	AY YEAR 2d HOL
	BIRTHPLACE (STATE	w	MONTH DAY	ZO 6 4 YRS.	MONTHS DAYS HOUR	PRONOUNCED DEAD	9 ZO	19 44 63
	FOREIGN COUNTRY	A Penna	. 0-	A		ORCED HAR	FORD	M
F	-ALLSTO	W U	FALLS T	AL, NURSING HOME, OR TY, GIVE STREET ADDRESS)		12th USUAL OCCUPATION FOR MOST OF WORKING Laborator	11FF)	OR INDUSTRY Onstruction
13a	STATEMA	13b. COUNTY	FORD	ESIDENCE BEFORE ADMISSION) 31. SITY OR TOWN PYIES VIIIE		BOY 2	J-Ridge	Rd-
14.	FATHER'S NAME Howard	м	E.	Singleton	15. MOTHER'S M Bess	ie MIDDLE	McL	adghlin
160	WAS DECEASED E	VER IN U.S. ARMED		183-18-15		Keesee 1320	Ridge Rd.,	,Pylesville
NOI	Lying couse PART 2 OTHER SIGNIF	FICANT CONDITIONS <u>con</u>	(c)TRIBUTING TO OFATH BUT	A CONSEQUENCE OF		IN PART 1 (g).		
CERTIFICATION	190. DATE OF OF			N FOR WHICH OPERATION	ON WAS PERFORMED?		20	0. AUTOPSY? YES NO
MEDICALCE	UNDERLYING CONTRIBUTING 21d. INJURY OCC	OR CAUSE OF DEA	21e. PLACE OF	NONTH DAY YEAR 19 INJURY (ATHOME, 2	f. LOCATION	URRED (ENTER NATURE OF INJURY)	N ITEM 18 PART 1 OR PART 2)	
AA		NOT WHILE	STREET, FACTOR	Y, FARM, ETC.)	STREET	CITY OR YOWN	COUNTY	STATE
	22a. I certify to deoth resulted to ACTUAL SIGNATURE		f the remains describ	bed obove, held an Accident , Suicide		undetermined monne Y) MEDICAL EXAMINE		9-21-8X
	EXAMINER'S NA (TYPE OR PRINT)	ME LUIS	E Ren	164		sy alliances		
	Burial CREMATIO	Se	pt24,198	23c. NAME OF CEMETE SINTENANT	RY OR CREMATORY Mt. Nebo	23d LOCATION Delta	York	På
	ohn H Har		00Main St	., Delta,Pa		ATE REC'D. BY REGISTRAR 2	isb. REGISTRAR'S SIGN	Rondello

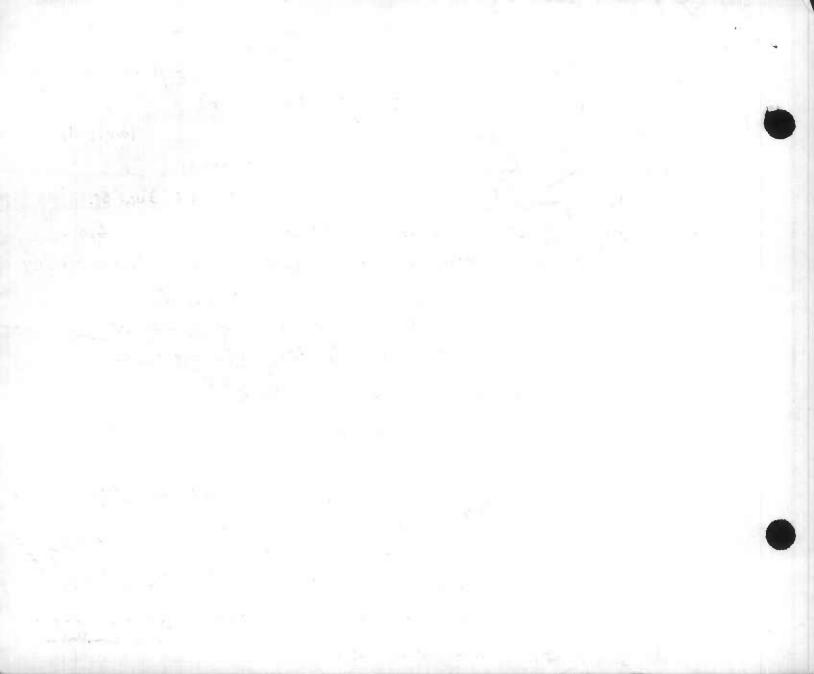
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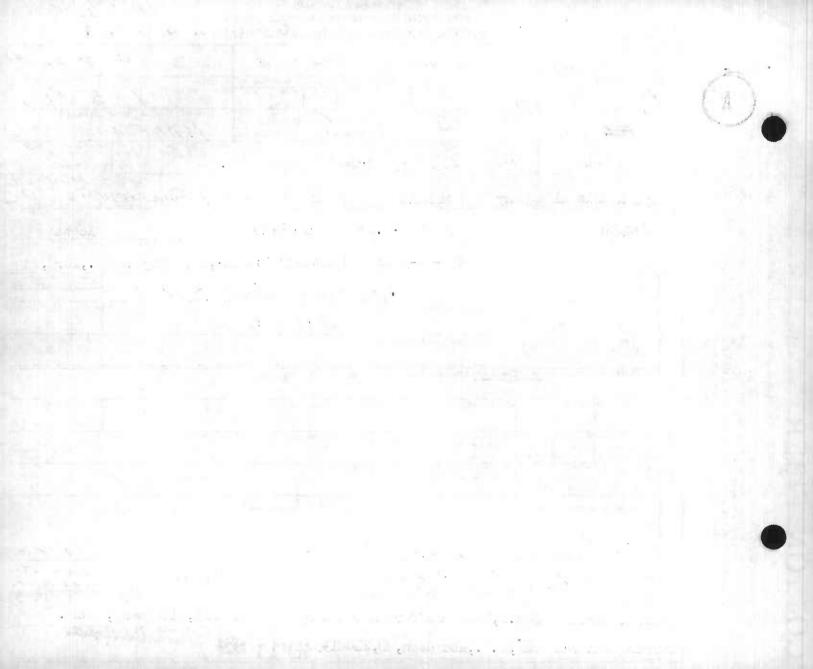
- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 2a DATE OF DEATH MONTH 2b. HOUR LIYPE OR PRINTS ERNEST 1984 4. RACE IF UNDER I YEAR 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 7a BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED A NEVER MARRIED far for DIVORCED WIDOWED 2 CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OF WORK FOR MOST OF WORKING LIFE INDUSTRY USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP GODE YES [NO [15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRS1 MIDDLE puo parks 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one sering it PART I. DEATH WAS CAUSED BY: IMMEDIATE CAL Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONDIBILITY TINAL DISEASE OF CONDITION GIVEN IN PART III CERTIFICATION N. DATE OF OPERATION 10s. AUTOPSY? 28k IF YES, WERE FINDINGS USED INDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOT YES: T NO T 21m. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. TH LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY ö CITY OF TOWN COUNTY STATE 1,1603 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE I AT WORK AI WORK 22a. | certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we)(did) (did not) view the body DIRECT 22h SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSIZIAN'S NAME (TYPE OF PRINT) 22e ADDREAS should be 0 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236. DATE BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 29. PEGISHRAR'S SIGNATURI DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

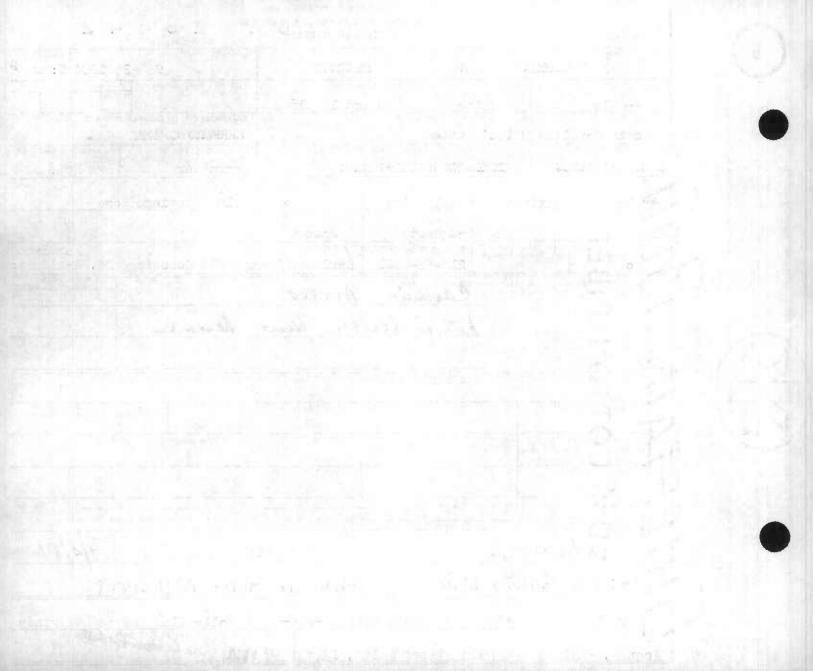
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR





2	1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE 2	50	4 2	
B)		OR PRINTI	RST TTTE	MIDDLE		TANLEY	2a. DATE OF DEATH	9 3	Y YEAR 1984	26. HOUR 5:00 P
711	3. SE)		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST B		UNDER I YEAR	IF UNDER 24 MRS
ge 4 ector nrs aft		Female	Wh:	ite	Augu	st 15 1898		86 yrs.	INTHS DAYS	HOURS MIN.
her death. Po he funeral din within 72 har	(RTHPLACE (STATE OR FOR OUNTRY) North Carol:		States	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY HARFORD		F DEATH	MD.
by the fu	HAY	TY OR TOWN OF DEATH	CITI	CZENS NUR	TADDRESS)	OME	12ª USUAL OCCUPA 11YPE OF WORK FOR MOST Homemaker	OF WORKING LIFE)	126. KIND O INDUSTRY Own H	ome
filled in ould be	13a. S Ma.:	ryland	HOME OR OTHER INSTITUTION COUNTY	Is. CITY OR TO Darling	MN	13d. INSIDE CITY LIMITS? YES NO 🔀	4010 Cono		oad 2	1034
ompletely ond 2 sh	Jo		MIDDLE	Daughert	V	15. MOTHER'S MAIDEN N Jane	MIDDLE		Lew	
on and co		(AS DECEASED EVER IN ES NO OR UNKNOWN) {	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	218-52-		Earl Daughe	addi erty 4010 Co			aryland arlingto
es that the death certificatived by the attending physical please remove carbonpaphinal, remoitan, ar removal, a conher traumatic event, it		Conditions, if any, w gave rise to imme couse (a), stating underlying cause	MEDIATE CAUSE (a)	OF AS A CONSEQUENCE OF A CONSEQUEN	JENGE OF	Arrest tie Klas	* Desease			MATE INTERVAL INSET AND DEATH
The law require	CERTIFICATION	190 DATE OF OPERATIO				N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES,	WERE FINDIN	NGS USED
PHYSICIAN; The Islanding physician. this certificate has be burial-transit pe to Mental Hygins and ar Item 18 shows		216. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAU	SE OF DEATH HOUR	OF INJURY A.M. MONTH [P.M.	DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJ	IURY IN ITEM T8, PAR	T T OR PART 2)	
After this co	MEDICAL	21d INJURY OCCURRED	21e. PLAC	E OF INJURY STREET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
pital TOR: for us of He 21 is		220.1 certify that (1) (the saw the deceased abave, (1) (wf.),(did-	is hospital) attended	19_	, at	, 19, 19	, ta, ta, an death accurred on the a	date and haur d		that (I) (we) lost causes stated
RAL RAL detc		22b. SIGNATURE	celon			DEGREE ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN 🗌	9/4	1/84
retained by the retained by the TO FUNERAL should be detounth the State with the State		Leticia Leticia	Galvez,	m.D.		Houre de	Grace, M	19 5TO	78	
BP	(URIAL, CREMATION, RESPECIFY) Burial INTERAL DIRECTOR	MOVAL 236. DATE 9/7/			emetery or cremator 11 Cemetery	Saltvil	le Sm		irginia
MH-16 30M 2/80 (VRA 15, 4)		ohn H. Hark	ins 600 Ma	ain Stree	t Delt		ATE REC'D. BY REGISTRA	avidsor	CHARLES	UKE THE THE THE THE THE THE THE THE THE TH



Howard K. McComas III, Abingdon, Md. 21009

DIVISION OF VITAL RECORDS.

(VRA 15, 4)

STATE OF MARYLAND

STREET THE PROPERTY OF THE PRO AND THE RESIDENCE AND ADDRESS OF THE PROPERTY OF THE PARTY OF THE PART

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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Service .	~	0	-	
DEC	NIO			

	EASED NAME FI	RST	MIDDLE	l	AST	2a DATE OF DEATH	MONIH	DAY	YEAR	2b. HOUR	
	OR PRINTS										
TITE		THONY	_	7	HOMAS		29	07	84	12	N N
. SEX		4 RACE		5. DATE C	OF BIRTH	& AGE (IN YEARS LAST BIR	RTHDAY)	IF UND	DER I YEAR	IF UNDER 2	HRS MIN.
M	ale	Cau	3.	MONTH 10	DAY OP	74	YR		DAYS	HOURS	MIN.
a BIR	BIRTHPLACE (STATE OR FOREIGN 76 CI		CITIZEN OF WHAT COUNTRY?		- C AUGUST WARRING C	9. BALTIMORE CITY OR COUNTY OF			DE DEATH		
					D NEVER MARRIED DIVORCED			00			AA
0 CIT	Y OR TOWN OF DEATH			NURSING HOME		12a USUAL OCCUPAT		126	. KIND OF	BUSINES	_
7	RIISTA)	Tan /	SUCH FACILITY, G	IVE STREET ADDRESS)	FRAI LYCOTAI	Retired	OF WORKIN	G LIFE) IN	B.S.	Co.	
	L RESIDENCE (IF NURSING)				CNZ TO-FINAL				00	304	10
3a. S1	N.A.	COUNTY Contromery		OR TOWN COMETY	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 180 Rollin			Mont.	A	la.
	THER'S NAME			7	15. MOTHER'S MAIDEN NAM		6 2-	,		,	11
27.2	cho las	MIDDLE		Tomasso	Christina	WIDDLE			LAST		
10.00	AS DECEASED EVER IN U	U.S. ARMED FORCES		IAL SECURITY NO.	17 INFORMANT	ADDR	ESS		Mor	itg.	AI
		FYES, GIVE WAR OR DATES		07-4990A	Toni Gardner	- 180 Roll	ing	Lake	361	16	4.4
No							- 0		APPROXIM BETWEEN OF		/A1
- 1	18 CAUSE OF DEATH IE PART I. DEATH WAS	inter only one couse CAUSED BY:							BETWEEN OF	SET AND E	DEATH
	IMMEDIATE CAUSE (0) SEPSIS							C CK	yus.		
	Conditions, if ony, wh gove rise to immedi couse (a), stating underlying couse la	DUE TO	ORASACO	ONSEQUENCE OF	SA.						1
	gove rise to immedicouse (a), stating underlying couse la	DUE TO hich (b) tote the OUE TO (c)	OR AS A CO	INSEQUENCE OF	NOT RELATED TO THE TERMI	NALDISEASE OR CON	*DITION	GIVEN IN	PART 1:0	12	
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William and the Cong - Indicate Table

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ge 4 mo	(A)	3. SE	F		4. RACE Cauca	asian	5. DATE C	. DAY	1907	6. AGE (IN YEARS L	IN YEARS LAST BIRTHDAY) FUNDER TYEAR FUNDER 24-HRS MONTHS DATS HOURS MIN. PARTOR COUNTY OF DEATH AR FOR COUNTY OF BUSINESS OR WORK FOR MOST OF WORKING LIFE) POWER CO. EET ADDRESS / ZIP CODE S. Lynbrook Rd. 21014 Mellen ADDRESS 136 Princton Ave MIN. ADDRESS 136 Princton Ave MIN. APPROXIMATE RITERVAL BETWEEN ONSET AND DEATH AUTOPSY? 206 IF YES, WERE FINDINGS USED ID CERTIFYING CAUSES OF DEATH?		
Geoth. Po	of one of		RTHPLACE (STATE OR Pennsy	lvani		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER A	WARRIED	11	0-1	A 1	√ MD
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TIMORE,	S. Pages 1		VAS DECEASED EVER (ES. NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	262-05-7		Jane		felfinger	136 P Wilmi	rincton /	Ave 19703
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VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 N: The low requires that the death certificate be executed within 24 hours or wision.	d by the eose rem al, cremo		gave rise to im- cause (a), statu underlying cause	ng the	DUE TO, O	r as a conseque	NCE OF	a	Merce	Ichen.			
ORDS, 20	en signe or to buri y injury, o	NOIL		Ke	nal	forelu	e,	C	OF				
AL RECO	e hos be sit permit giene prii	CERTIFICATION	19a DATE OF OPERA			ITON FOR WHICH	OPERATIO				IN CERTI	FYING CAUSES OF	F DEATH?
> z ×	8 8 S	10	21a ACCIDENT WAS UN	DERLYING [F INJURY	V VEAD	21c HOW IN	JURY OCCUR	RED (ENTER NATURE C	F INJURY IN ITEM 18	PART T OR PART 2)	

YEAR

19

211 LOCATION

120. ADDRESS

13c. NAME OF CEMETERY OR CREMATORY

ATTENDING PHYSICIAN

b 10

CITY OF TOWN

and that in (my) (aur) apinion death occurred an he date and hour and from the causes stated

MEDICAL STAFF

COUNTY

22¢ DATE SIGNED

STATE

that (I) (we) last

Del

morked or Item 18 OR ATTENDING ō TO FUNERAL DIRECTOR. A should be detoched far use with the State Dept. af Heol IMPORTANI: if them 21 is m. HOSPITAL BP. (VRA 15, 4)

OR CONTRIBUTING __ CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE at work

21d INJURY OCCURRED

27s.1 certify that (I) (this

77h SIGNATURE

724 PHYSICIAN'S NAA

230 BURIAL, CREMATION, REMOVAL

sow the deceased of obove, (f) (we) (did) (

MEDICAL

13d. LOCATION (SPECIFY)
Buria 9-15-84 Chester Bethel Wilmington 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83

P.M.

21e. PLACE OF INJURY

23b. DATE

HOUR A.M. MONTH DAY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

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Minds on the cost of the state of the state

de Wales

DHMH - 16 50M 4/83 (VRA 15, 4)

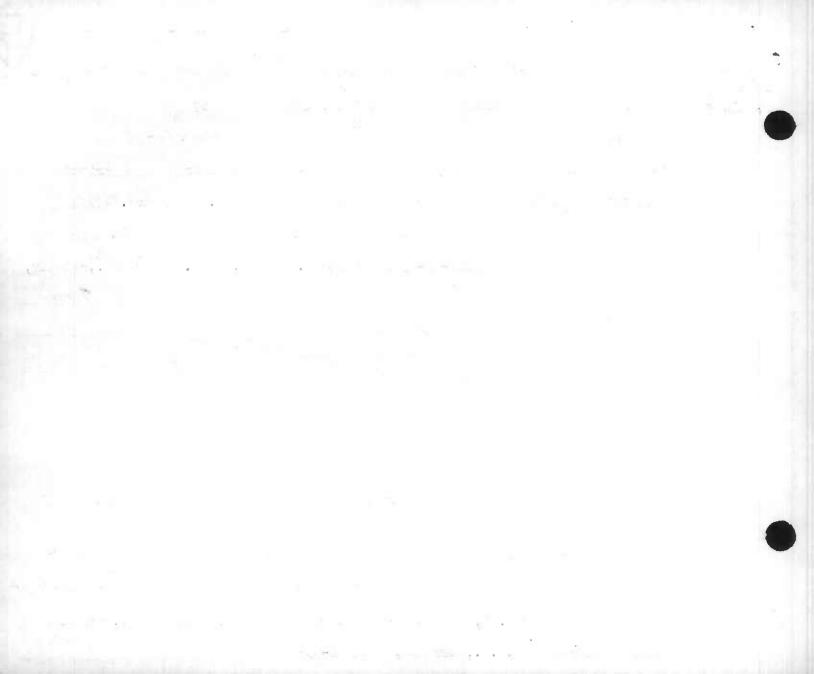
FOR

- STATE REGISTRAR STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

		OR PRINT)	MIDE	, /	ASI	26 DATE OF DEATH	MONTH DAY	YEAR 26. HO	JUR
	,	Robert	et 1	00 1/a	ught	Sept	- 5	8×17	33 AM
	3 SEX	(4 RACE	5. DATE C	OF BIRTS	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDE	RIYEAR IFUNE	DER 24 HRS
		Ma7a	White	MONTE		67	MONTHS	DAYS HOUR	S MIN.
11	Zo BII	Male RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WH		il 21, 1917	9 BALTIMORE CITY O	YRS.	ATH	
7	(OUNTRY)		MARRIE	D 🖾 NEVER MARRIED 🗆	, bacimoke ciri o	A COUNTY OF DE	A	
	-	irgi h ia	USA	WIDOWE		HAR	ford		MD.
L	11	TY OR TOWN OF BEATH		SPITAL, NURSING HOME (CILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATION OF WORK FOR MOST OF		KIND OF BUSI	NESS OR
V,	110	FURE OF SKACE	HARFER	d Nemeri	2/ HOST.	Realtor		Private	
1	USUA 13a. S	AL RESIDENCE AND ING HOME OF		E RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IB CODE		
9	Ma	ryland Harf		Bel Air	YES NO	104 S. Kel		21011	
	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NA	AME	,	-2024	
		Andy	MIDDLE Lee	Vaught	Ella	WIDDLE	64	LAST	
1	16a V	VAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	222	amper	
		(ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		** 1 ***		MD 210		
		NO		214-03-7316	Herta A. Va	ught, 104 S.		e.,Bel	Air.
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		for (a), (b), and (c)	. 1. 1	2 1	-	APPROXIMATE IN SETWEEN ONSET A	TERVAL ND DEATH
			TE CAUSE (a)	Mentodized	merreras	Trusin		7 m	60
			DUE TO OF	S A CONSEQUENCE OF	1			1	•
		Conditions, if ony, which	500 10,500 8	D rin	Ca. les	eno.			
		gove rise to immediate	(0)		PAEC	100			
		couse (a), stating the underlying couse lost.	DUE TO, OR A	S A CONSEQUENCE OF		went M.	7		
			(c)	11.031	1000000 /0				
	z	PART 2. OTHER SIGNIFICANT (CONDITIONS CON	RIBUTING TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GIVEN IN F	ART Ito	
	CERTIFICATION								
1	∑ V	19a DATE OF OPERATION	196 CONDITIC	ON FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE		
	TE I					YES NO	YES [NO	
)	G	210. ACCIDENT WAS UNDERLYING	21b. TIME OF IN	NJURY MONTH DAY YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR	PART 2)	
7	AL	OR CONTRIBUTING CAUSE OF DEA	(In	19					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF	INJURY	211 LOCATION				
	X	WHILE NOT WHILE	(AT HOME, STREET,	FACTORY, OFFICE, FARM, ETC)	STREET	CITY OR TO	wn coi	YINU	STATE
		AT WORK AT WORK		11 60	P	0 015		20/	
		22a. I certify that (I) (this hospi sow the deceased alive on	0/	4	nd that in (my) (our) opinion				(we) lost
		above, (1) (we) (did) (did no	t) view the body oft	er deorn.		deoth occurred on the de			
		22b. SIGNATURE	11 1		DEGREE			DATE SIGNE	D
		11	Kurch	me	ATTENDING PHYSICIAN	MEDICAL STAI		4/5/8	4
		224 PHYSICIAN'S NAME (TYPE 9	R PRINT)		22e. ADDRESS	1/	- /	11	
		HENRY H.	KUBU		\$37GIRAR	DST HOURE	Dr GON	5. W.	21071
	23n B	URIAL, CREMATION, REMOVAL	23b. DATE	1237 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	IN- CYMIC	6/110	70 /8
	(SPECIFY)	0 0 3	201		CITY OR TOWN	COUNT		STATE
	-	Burial	Sep. 7,1	.984 Baker 0	emetery		Harford,		d
		INERAL DIRECTOR	1	ADDRESS	29E1	DE ECO BURGATRAR	WAR DAVIDAGE	A Kander	2
	Ta	rring Funeral H	ome, P.A.,	Abeedeen, MD	21001-3399			.,	A.



DIVISION OF VITAL RECORDS.

STATE OF MARYLAND

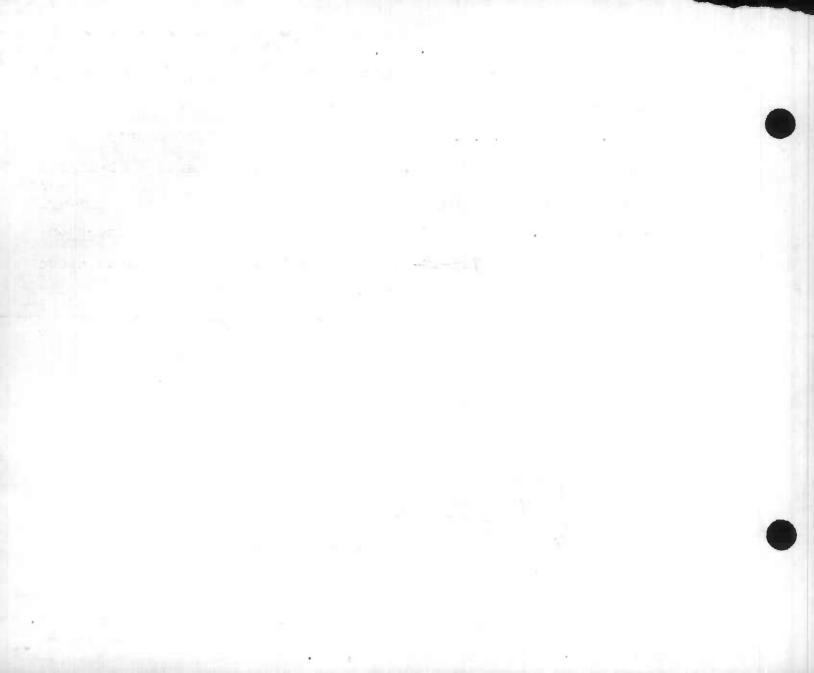
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



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	- AND	JOHN SOURCE SOUR	01	b. HOUR													
Y, PLEA	N STREET			ACE	S. DATE OF BIRTH	YEAR	LAST BIRTHDAY	s IF UN	DER T YR.	IF UNDER		ATH 2					
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21201 ANY DI	RECORD RECORD	13a. ST/	ATE	13b. COUNT	TY	13c CITY	OR TOWN			NO A	13e. STREE	ET ADDRE	ss hood	Rd.	#5214/	2107	8
ORE, MD.	RW PW 3.		Howard	/ER IN U.S. ARA	Jackso	n	Weinhol		Ma	urlene			lena	SS a	Cla		0
BALTIN	PAGES IVISION	(YES,	NO, OR UNKNOWN)	(IF YES, GIVE Y	WAR OR DATES)			5	H.J.W	Veinho	1d,40	O Rob	oinho	od Rd	., Hav		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILL AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OPAUTAL RECORDS, 20 BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		8/5, Conditions, gave rise cause (a) sta lying cause le	if any, which to immediate ting the under-	TE CAUSE (a) DUE TO, OR (b) DUE TO, OR (c)	AS A CON	SEQUENCE OF				RT I to						ANR 24 HOUR 12a M BUSINESS STRY Grain 078 O78 O78 O78 OR STATE Cd, Md. D-84 D1 STATE
VITAL RE	CHIEF M E USED A T OF HEA URIAL, C	TIFICATI					WHICH OPERA			91313	3-4			1181	YES		NO []
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CAL EXAMINER: THE	SHOULD ET ORW RAL DIRECTOR: PA ATH, WITH THE ST, RE, MARYLAND, 2		220 I certify the death resulted f	not I took chorg				ide .	, Homic	PECIFY)	Undeter	rmined mo	onner], DATE	· 0_	-10-8	34
TO MEDI	PAGE 4 STER DE BALTIMO	23o. BU	TYPE OR PRINT)	AIIII					ADDICESS_				Balto	o., Mo	21		
BF	4.000	Bu 24 FUI	rial rial NERAL DIRECTO	Se	ep. 12,19	84 An	gel Hil	1 Ce	meter	Y 250. DATE R	Ha	vre d				84 M YEAR 2d HOUR 84 2a M NTH AD. OF BUSINESS DUSTRY 1 Grain 21078 ATON 21	
	A15 ME (5))	Tar	ring Fw	neral H	ome, P.A, A	berde	en,MD,2	100]	L-335	EP4	3	1 qui	his Day	idan !	Pande 12		177

A CONTRACTOR OF THE PROPERTY O BOTTO BE LES FRONTION OF THE TOTAL LIVERS LIVE BY DESCRIPTION OF THE PARTY OF THE P The second of th THE RESIDENCE AND ASSESSED AS A SERVICE OF THE PROPERTY OF THE TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director is should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours often with the State Dept of Mealth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical exam

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Page 4 retained by the hospital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 5

		FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYGI	ENE 2 S	0 !	5 0	
		EASED NAME FIRST	WIDDLE	- 1	AST	26 DATE OF DEATH	MONTH DA	AY YEAR	26. HOUR D.
	(TYPE C	JOHN TOWNS	0.	Wis	ECHERT	SIP	IZMBS	R 3, 1984	b:35m.
1	3 SEX		4 RACE	S. DATE C		6. AGE (IN YEARS LAST BH		FUNDER YEAR	IF UNDER 24 HRS
	1	PALS	WHITE	FS.		73	YRS.		HOURS MIN.
		THPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8.	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY C)F DEATH	
7	0	184/ADD	U.S.A.	WIDOWE		HARFORD	Cou	NTY	MD.
	10 CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	128 USUAL OCCUPAT			BUSINESS OR HOSP I TAL
1	to	REST HILL	230 ASTER	LAG	75	SUP MEL	H. MIZ	JOHOS	HOPKIDS
-	USUA 13e. S	TATE 136. COUN			13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		
ď	MA	RYLAND HART	FORD FOREST	HILL	YES NO P	330 A	STER	LANS	21050
9	14. FA	THER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE	-	LAST	
		USORGE	MIZCHIF	T	HTIOS		JSI	- 1- 5RS	00
7	160 W	AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEC	URITY NO.	17_INFORMANT	ADDR	ESS		
		00	215 09	8106	Family	KECORDS	>		
			ly one couse per line for (o), (b), o	and (c).)	- Darbal la	the last	1	APPROXIM BETWEEN O	MATE INTERVAL
		PART I. DEATH WAS CAUSED IMMEDIAT	E CAUSE (0) Cirrly	orn	& rong w	percens	LCM		
			DUE TO, OR AS A CONSEQU	UENCE OF	c) '			
		Conditions, if ony, which	(16) Rev	ral -	-anime				
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	UENCE OF	,				
		underlying couse lost	(c)						
	_	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	IDITION GIVE	N IN PART 110	0 0 -
	ō.								
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ING CAUSES	
	RTIF					YES NO	YES		№ □
7		21a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	LICHE A M. MONITH I	DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAR	RT) OR PART 2)	
-	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19					
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E FARM ETC.)	21f LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	<	AT WORK NOT WHILE AT WORK							
			tol) ottended the deceased from		. 19	, to			hot (I) (we) lost
		sow the deceased alive on, above, (1) (we) [did) (did no	t) view the body after death.		nd that in (my) (our) opinion d	death occurred on the c	ote and hour		
		226. SIGNATURE	A Cenium		DEGREE ATTENDING	MEDICAL STA	AFF	22c. DATE S	IGNED
L			0 -		PHYSICIAN L	DIRECTOR PHYS		1 1/	9 9 1
		226. PHYSICIAN'S NAME (TYPE O	R PRINT}		22e ADDRESS				E.
		URIAL, CREMATION, REMOVAL	236. DATE 230	NAME OF	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	B	URIAL	1 4861-1-10	ARKU	soul Esm.	TARKWO	344	BALTO.	1 PARYLAND
	24 FU	INERAL DIRECTOR	ADDRESS	8800		REGISTRAL	R 256 REGISTR	AR'S SIGNATU	
	5	rans CHAPIL	OF MEMORISS	HARF		1504	Julia Da	40000-19a	ndelle
	-								1

DHMH - 16 50M 4/83

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(VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEAT		RE	G. NO.	9	
	DECEASED NAME (TYPE OR PRINT)	FIRST		MIDDLE W	'ITTE	AST	T	20. DATE OF DEAT		DAY YEAR 25-84	26. HOUR
3	SEX	VVAV	4. RACE	L. VV	5. DATE C	DE BIRTH	6	AGE (IN YEARS LAS		IF UNDER 1 YEAR	IF UNDER 24 HRS
V	Male		Whit	Θ.	Aug	DAY Y	rear -	79		MONTHS DAYS	HOURS MIN
1	a. BIRTHPLACE (STATE OF	FOREIGN		WHAT COUNTRY	2 8		9	BALTIMORE CI	YRS. TY OR COUNT	TY OF DEATH	
1	MD COUNTRY)		U	SA	WIDOWE	NEVER MARR		Harfor	d Cour	nty	MD
10	Bel Air	EATH	(IF NOT IN SUC	H.FACILITY, GIVE STOFE	TARRECCI	ent Cente	-	170. USUAL OCCU (TYPE OF WORK 500 41) Estima	OCT OF WORKING	12b. KIND C INDUSTRY Steel	OF BUSINESS OR
5	MD	IRSING HOME OF	OTHER INSTITUTION.		RE ADMISSION)	THE INSIDE CITY IS		3e STREET ADDP		e Rd.,	
1	FATHER'S NAME		MIDDLE	PASS		15 MOTHER'S MAI	Maria Service				
0	Herm			Witte			abeth			-lensche	n
2	NO NO CEASED EVE		MED FORCES?	212 03	5279	, Mrs. A	Λarya		ger,	Bel Air	, MD
	Conditions, if as gove rise to it couse in state underlying coul PART 2 OTHER SIL	mmediate ting the se last	me.	MIRIBUTING TO	Luz	ti can	diss	ALDISEASE OR C	17. 05.V17C1=3.		
2	STIFIC		9	TION FOR WHICH	U	V WAS PERFORM Y		YES NO	IN CERT	ES, WERE FINDS TEYING CAUSES YES []	
25.1	STATEMENT NOT THE THE THE THE THE THE THE THE THE TH	CALME OF DEA	Die PLACE C	M. MONTH D	19	THE LOCATION	OCCURRE		PARET PATEM 18. E TOWN	COUNTY	STATE
	22a I certify that saw the dece- above. Usine 77h SIGN AGRE	I) Ithis Rose	Of V4	eceased from 19_	-	d that in (my Twee) DEGREE			MANAGEMENT AND ADDRESS OF THE PARTY OF THE P		that (I) (we) last causes stated SIGNED CW
1	BE	NAME COMES	OFE	12A	lo/	13/ B	alle	MEDICAL DIRECTOR DIPH	Bel	for lug	2/014
2:	BURIAL CREMATION	N. REMOVAL	9/28/8	1233		emetery or crem. ●od Cem		Balto		country	MD
2	FUNERAL DIRECTOR 4905 York	Henry Roac	W. Je		Sons	Co.		REC'D. BY REGIST	RAR 256. REGIS		LURE

DHMH - 16 50M 1/76 (VR A 15 (4))

Check is a . The state of the CONTRACTOR OF THE RESIDENCE OF THE PROPERTY OF of I would think a little of the I'm unial control of the Head value of a second requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

ottending physician.

etained by the haspital ar

BP.

executed within 24 hours after death. Page 4 may be

the attending physician and completely filled in by the remove corbonpapers. Pages 1 and 2 shauld be filled wi

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached far use as the burnal-transit permit. Then please remove corban papers. P with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar remayal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

475	27.000	-	gires.	190
2	3	1	3	2
Sec 10	-			-
DEC	NO			

	REGISTRAR		CERTIFICATE OF DEA		REG. NO.	6
	CEASED NAME FIRST EOR PRINT) DELM	Wilson	ZEALOR	20 DATE OF	BO-84	YEAR 2b. HOUR
3 SEX		1 RACE WHITE	S. DATE OF BIRTH	YEAR 6 AGE (IN YE	ARS LAST BIRTHDAY) IF UND MONTHS YRS.	DER I YEAR IF UNDER 24 I
	RTHPLACE (STATE OR FOREIGN COUNTRY) CKS, Md.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MAR	RRIED	C - ford	EATH
10 CI	allstox	11. NAME OF HOSPITAL, NURSING UP NOT IN SUCH FACILITY, GIVE STREET FAILS FOR GO	NG HOME OR OTHER INSTITU	ITION 12a USUAL C	FOR MOST OF WORKING LIFE) IN	kind of Business dustry oft Drink
13a. S Ma			VN 13d INSIDE CITY YES [X] N	∘ 🗆 300 Su	DDRESS / ZIP CODE nflower Drive	e 21014
)	Ormsby -	MIDDLE Zealor:	15. MOTHER'S M Pells	c.	Zinner	
0	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV YES WW.	VE WAR OR DATES)			Bels Air, Moor, 300 Sunf	d. 21014 lower Driv
	PART I. DE ATH WAS CAUSE	nly one couse per line for the (h) per ED 8Y: TE C AUSE (o)	istatie ca	Comm		APPROXIMATE INTERVAL BETWEEN ONSET AND DE
NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO		O THE TERMINAL DISEASE	OR CONDITION GIVEN IN	PART No
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORM		PSY? 206. IF YES, WER IN CERTIFYING	RE FINDINGS USED CAUSES OF DEATH? NO []
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	RY OCCURRED (ENTER NAT	RE OF INJURY IN ITEM 18 PART 1 C	DR PART ?)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	C 2 C	CITY OR TOWN	OUNIY STAT
	sow the deceased olive on obove, (I) (we) (did t) (did no	atol) attended the deceased from 19.5	, and that in (my) to	19	on the date and hour and	from the couses state
	226. SIGNATE SIGNAT	Dy Sh	DECCEE ATTI	ENDING MEDICAL SICIAN DIRECTOR [STAFF PHYSICIAN	BAT. 30/
	BEW THE	OTEY 2A	1131	Battime &	ite Bel A	12, Ma
	BURIAL, CREMATION, REMOVAL SPECIFY Burial		NAME OF CEMETERY OR CRE	l Gardens, B	el Air Harf	ord Md.
24 F	UNERAL DIRECTOR	ADDRESS			GISTRAR 256 REGISTRAR'S	

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Howard K. McComas III, Abingdon, Md. 21009

